DR. HIDGES

MARYLAND STATE DEPARTMENT OF HEALTH

		CHAILE D	i, Dari		11-09
CER	TIFI	CATE	OF	DE	ATH

42.00	1501	UE	И.
			4

County ALLEGANY

CUMBERIAND . (If outside city or fown limits, write RURAL and give nearest town)

			4
nø.	Dist.	No.	

	OLICI II TOA	Reg. Di
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County ALLEGANY		
City or town CUMBERLAND	its, write RURAL and give nearest town)	State IIARY AND County ALL
How long in above place of death?	40 yrs	City or town CUMBERLAND (If outside city or town limits, write RURAL
Hospilal, Institution, or street address where de	ath occurred:	Street No. 19 PUPMAN ST.
	OSPITAL	(If rural, give LOCATION)
How long in hospital or Institution?6.9.	DAYS	2.(a) It veteran, name war.
3. (a) FULL NAME M.		3. (b) Socia
ELIZABETH BARNES		100
4. Sex 5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICAT
FEMALE WHITE	MARRIED	20. DATE OF DEATH OCT 21
6.(b) Name of husband or wife	ED BARNES	21. I CERTIFY that death occurred on the date above, stated: that I
		aug. 13 19 46, 10
7. Birth date of		and that I last law he alive on Oct. 2
deceased (mo., day, yr.) MARCH	14.1906	Immediais cause of death
8. AGE: Years Months	Days If less than one day	ahlowerd
400 7	7hrsmin	. Careinomatoris
		a: (a-1-0
9. Birthplace JARY IAND (Town, co	ounty, and atate)	Due to Cinamany Cancamonnal of promise
10, Usual occupation HOUSE WI		7
10. Usual occupation	<u> </u>	Due to
11. Industry or business		
12. Name WILLIAM	CRUTHERS	Other conditions
13. Birthplace MARYLAND		
14. Maiden name ELIZABET	Yeart	(Include pregnancy within 8 months of death)
		Major Bodings of operations
		Date
16. Intermant MEMORIAL	HOSPITAL	PHYSICIAN: Please noderline the cause to which death shoold
Address CUMBERLA	ND, MARYLAND	
11 Burial	Date thereof 10-24-44	22. VIOLENCE: If death was due to external causes, fill in the following
(Burial, cremation, or removal, Which?)	Date thereof	Accident, suicide, or homicide
Cemetery or crematory	Hele tem.	Where did Injury occur?
Location Carr	skeland.	Injured at home, tarm, industry, public place (where?)
18. Funeral director Astrona St.	and Inc.	Means of Injury Injured
2	Urland -	WITH
0 1 . 2 11	00+10	23. SIGNATURE
19. (Date rec'd by registrar)	L. T. Sanklin, M. L. Registra	Address Cilvillet and My

4 (If rural, give)	LOCATION)
2.(a) It veteran, name war	
	3. (b) Social Security Number
	Slove-
MEDICAL CE	RTIFICATION
	1946at4:05P
21. I CERTIFY that death occurred on the date above	e, stated: that I aftended deceased from
- Cong . (3	16.10 Oct. 21 10 46 4. 21 10 46
aed that I last saw halive on	9.78
Immediais cause of death	DURATION
Immediair cause of death and a common al	
Due to animany carramonna	of manyla
	au gu
Due to	
Other conditions	
(Include pregnancy within 3 m	onths of death
Major Bodings of operations.	chalyel due 46
Accupations	Date of op. Jug. 46
Autonsy resolts.	
PHYSICIAN: Please noderline the cause to wh	
22. VIOLENCE: If death was due to external cause	
Accident, suicide, or homicide	Date of
Where did Injury occur?(City or town)	(County) (State)
Injured at home, tarm, Industry, public place (wh	ere?)
Means of Injury	Injured at work?
1.201	Q-01 WD
WIL	000
23. SIGNATURS	d. W. M. D. or other 21/46
Address	Date signed / d/// 4

ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly,

WITH UNFA

PLAINLY, V is especially

WRITE

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

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3 6	43	PN	8.3	ш
17	97	U	U	200

ATH	Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)
County Many	State manhand county allesses
(If outside city or town limits, write RURAL and give nearest town)	P
How long in above place of death?	City or town.
Hospital institution, or street address where death occurred:	Street No. Krish 220
alligany of regular	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Cora Olivateth	darlow love
4. Sex 5. Color or race 6.(a) Single, martied, widowed, or divorced	MEDICAL CERTIFICATION
Himale Monte Grassia	20. DATE OF DEATH OCA 16 19.46 at 6 - A M
Mer On Barton	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
6.(b) Name of husband or wife	Volate 1 18 4 6 10 Octate 1 6 19 406
7. Birth dale of Section 6.(c) If allve, give age years	and that I last saw h. la alive on Lelate 15 1946
deceased (ma., dey, yr.) 200 1887	Immediate cause of death
8. AGE: Years Months Days If less than one day	pulsurum lukelione 16 hem
8 10 76 hrsmin.	
9. Birthplace (Town, county, and state)	Due to phile to lift love by 10 dy
11	
10. Usual occupation	Due to
11. Industry or business	
12. Name Truncy Smydus 13. Birthplace Surmany.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Massa Bowman Parch.	Major findings of operations.
E 15. Birthplace And.	Left 4 Dale of op.
16. Informant Derry In Coalm	Antopsy results.
Address Panto Ind.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Brish Bate thereof Och 14 46	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Whio?)	Accident, suicide, or homicide
Cemetery or crematory St. Common Comm	Where did injury occur?
Location besteptown and	Injured at home, farm, Industry, public place (where?)
4. Hi 10.	Means of injury Injured at work?
18. Funeral director	h Bring MeD
Address Www.Heliants	23. SIGNATURE M. D. or other
Mak 18 Ul & the Will Mi	

OCT 22 1946

2411 N. Charles St., Baltimore 131-01

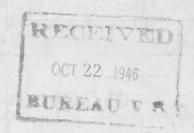
CERTIFICATE OF DEATH

09602

Reg. Dist. No.

			Reg. Dist. No
1. PLACE OF D	DEATH:	ace to	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	Alle		state Maryland County Allegany
City or town	Cumb	mits, write RURAL and give nearest town)	
			City or town (If outside city or town limits, write BURAL and give nearest town)
How long in above pla Hospital, Institution.	or, street address where	death occurred:	
R.D.	# 2., Wu	wilsed Road	Street No. R.D. # 29 (If rural, give LOCATION)
	/		2.(a) If veteran, name war.
3. (a) FULL NA			
3. (a) FULL NA		liam Edward Brakea	3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male	White	Divorced	
Maic	MILLOG	DIVOICEU	20. DATE OF DEATH
B.(b) Name of husbar	nd or wife Mary	Morse	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
		6.(c) If alive, give age	194, 13
7. Birth date of	Sent	. 15, 1874	and that I last saw halive on 20 t at all all
deceased (mo., day	1, 100		Immediate cause of death DURATION
0. 1.02.	ars Months	Days If less than one day	(money / bonnesses Sul
7	72 0	28hrsml	
9. Birthplace	Warfords	burg, Pa.	Due to Ospania Mad James 3
a. Biltubiace	(Town,	county, and state)	
10. Usual occupation	Retire	ed	Due to naphoto, chronic interstition
11 Industry or husing	Carman	B.&O. R.R.Co.	Durotion 2 3 years.
	jeorge Bra	keall	
12. Name	Penna.		·· Other conditions
13. Birthplace			(Include pregnancy within 3 months of death)
14. Malden nam	. Mary Ran	sburgh	
S 15 Birthalasa	Maryla	ind	Major findings of operations.
	rs. Frank		Date of op
1B. InformantIVI I	4.5		PHYSICIAN: Please underline the cause to which death should be charged atatistically.
Address	R.D.#2 Cu	imberland, Md.	
Buri	al	Oct. 16 1940	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremati	ial ion, or removal. Which?)	Date thereof Oct 16,194	Accident, suicide, or homicide
Cemetery or crem	atory Tonolo	way Babtist Cem.	Where did injury occur?
		dsburg, Penna.	Injured at home, farm, indicatry, public place (where?)
200211011 11111111111111111111111111111	***************************************		Means of Injury Hard 1 Injured at work?
1B. Funerat director		L. George	
Address	Cumberla	ind, Md.	23. SIGNATURE Shap If I was
a Oak	15, 1946	Q P. May klin m. D	23. SIGNATURE. M. D. or other
(Date rec'd by	registrar)	Registra	Address Leccord for Date signed 41 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct a is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore

09603

M. D. or othe

Ooi

	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State County Alexand City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 8.5 Mann Sterrace (If rural, give LOCATION) 2.(a) If veteran, name war
George Edward Brown	Hone, 18
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION about 20. Date of Death Oct. 9
8.(c) Hame of husband or wife Katherine Brown 8.(c) If alive, give age 59 year 7. Birth date of deceased (mo., day, yr.) Fan vary 10, 1887 8. AGE: Years Months Days If less than one day 59 8 29 hrs. min	and that I last saw h im Dead Oct. 9 Immediate cause of death Strangulation At on
9. Birthplace Sylvesville Carroll, Maryland 10. Usual occupation Elevator construction 11. Industry or business U. S. Government	
12. Name Saib Brown 13. Birthplace Sykesville, Maryland	Dither conditions
14. Malden name Lucille Welsh 15. Birthplace Sykesville, Maryland 16. Informant Mrs. Katherine Brown	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 8/5 Manns Tevrace 17. Burial (Burial, cremation, or removal. Which?) Cemetery or crematory. 17.1.e.g.a.n.y. Cemetery Location 17.0.a.t.b.y.r.g. Manns	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide Suicide Date of 10.9.46. Where did injury occur? Cumberland Allegany Maccident (City or town) (County) Injured at home, farm, industry, public place (where?) Tool house rea
18. Funeral director de la financia del financia del financia de la financia del la financia de	Means of Injury hanging 815 Mann's Terrace Means of Injury hanging 815 Mann's Terrace Means of Injury hanging 815 Mann's Terrace

M. D. Registrar

Deputy

19 46.

MARGIN RESERVED FOR BINDING PLEASE

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correspecially important. Physicians: please write the causes of death clearly and legibly.

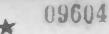
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VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-00



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CERTIFICAT	E OF DEATH Reg. Diat. No
City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (Yor) newborn infants give residence of mother) State. County. City or town. (If outside city or town limits, write HURAL and give nearest town) Streel No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Lena Bell Cather	3. (b) Social Security Number
Female Note Cogswild	MEDICAL CERTIFICATION 20. DATE OF DEATH. O.A. 27 19. 46, 21 5
6.(b) Name of husband of Asales S Catherman 7. Birth date of deceased (mo., day, yr.) 2007, 15 1877 8. AGE: Years Months Days i less than one day hrs. min. 9. Birthplace S Lasham (Town, county, and state)	21a I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4 5 and that I last saw h
11. Industry or business H 12. Name Joseph B Oll 13. Birthpide Chris 14. Maiden nam Olyaketh Johnston 15. Birthplace Ohio	Dither conditions
18. Informant Chas Satturnan Address Commerciand 17. Buil Date thereof Oct 29, 46. (Burial, cremation, or removal, Which?) Cemetery or crematory Stallcush Commerciand Commerciant Comm	Antopsy results
18. Funeral director of this stein Sand. 18. Funeral director of this stein Sand. 19. A 29 19. 46 J. P. Franklin M. D. Registrar Registrar	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE



2411 N. Charles St., Baltimore 48-2 CERTIFICATE OF DEATH

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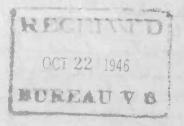
Reg. Dist. No

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County County County	State hed county allegany
City or town(If outside eity or town limits, write RURAL and give nearest town)	City or town Cumberland
How long in above place of death? 27 Constitution, or street address where death occurred:	(If outside city or town limits, Arite RURAL and give nearest town)
233 Henderson has	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Sallie ann 6.	hedester 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE OF DEATH October 16 19 46 21 5:00 A.
Thomas Electer	21. I CERTY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	12 13 18 44 10 OOT 16 19 46
7. Birth date of deceased (mo., day, yr.) Quar 19, 1885	and that I last saw h Qa alive on 19 7 5
8. AGE: Years Months Days If less than one day	Immediate causa of death
61 / 27nrs.	in. Parparona D
12: et Pardosta Co 1157	Que to theres 2 1/1
8. Birthplace. (Town, eounty, and atate)	
10. Usual occupation	Due to
11. Industry or business	- John John John
12. Name	Other conditions Other conditions
El 13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name lenne Kaines 15. Birthplace Therton W. Va	Major findings of operations Caremano of Melini
El 15. Birthplace Otherlon W. Ta	
16. Informant allows to hedeste	Autopsy results
Address 239 Huderson (ve - Lunh	22. VIOLENCE: If death was due to external causes, fill in the following;
[Burial, cremation, or removal, Which?] Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Hellerest Campan	Where did injury occur?
Location Quelerland Tand.	Injured at home, farm, industry, public place (where?)
	Means of injury Injured at work?
1B. Funeral director	(PC) 111 X
Address whiteland vina.	A 23. SIGNATURE M. D. or other
Date ree'd by registrar) (Date ree'd by registrar)	Address Velen Larland W Date signed Opt 17-76

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE



1. PLACE OF DEATH:

How long in above place of death?.... Hospital Institution, or street address

How long in hospital or institution?.

6.(b) Name of husband or wife.

Years

14. Maiden name.

16. Informant Phis

Cemetery or crematory

18. Funeral director anti-

(Date rec'd by registrar)

11. Industry or business

13. Birthplace

14. Malden na

Address

Address

3. (a) FULL NAME

7. Birth date ot deceased (mo., day, yr.)

8. AGE:

(If outside city o

5. Color or

Month

City or town...

4. Sex

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CEDTIFICATE OF DEATH

CERTIFICAL	Reg. Diat. No.
24	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)
Interland	State maryland county Allegany
town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL grid give nearest town)
s where death occurred:	Street No. 10.36 Brolford Sh
NASANA.	(If rural, give LOCATION)
3 ways	2.(a) It veteran, name war.
harles & Dans	3. (b) Social Security Number V
ace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
le Wisdowed	20. DATE DE DEATH OCI 11 46 ATT 4 P. N
misa Bachman	21. I CERTIFY that death occurred on the date above stated; that I attended deceases from
	and that Uast saw halive on
7- 16 1865 Days If less than one day	Immediate cause of death
1 25min.	Crewal He mi
(Town, county, and state)	Ore halfendige
inting Contractor	Crewalerons
	DUE 10.
R Danner	Dther conditions
and.	(Include pregnancy within 3 months of death)
y ov. 6 aster	Major findings of operations
md.	Date of op.
ma 6 Hanner	Antopsy results
mberland	22. VIOLENCE: If death was due to external causes, fill in the following:
Which?) Date thereof. (Mar) (year)	Accident, suicide, or homicide
lleres ben	Where did Injury occur?
workslauf	Injured at home, farm, industry, public place (where?)
i Stem Dos	Meens of Injury Injured at work?
mherland	(KXM:11 · mas
1 0 0+ 10: 11	23. SIGNATURE
46 J. Tranklen, M. D. Registrar	Address Date signed 18/18 /4

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly. BINDING FOR RESERVED MARGIN important. especially PLAINLY WRITE

PLEASE

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0,

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	63001	
	4	,

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in ants give residence of mother)
City or town Charlet Sterland	State Zuch County glleyours
How long in above place of death? 50 44 Hospital, institution, or street address where death of duryed:	(If outside city or town limit, write RURAL and give nearest town) Street No. 4.5
	(If rural, give LOCATION) 2.(a) If veteran, name war.
	3. (b) Social Security Number
Sallie Coldwell Dean	Youl
	MEDICAL CERTIFICATION
	2D. DATE OF DEATH 0 2 27 19 46 21 9: 30 P.
6.(b) Name of husband or wife. Secretary 20. Deau	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of Mark 22 - 1863	and that I last saw h alive on Ott 27 1946
8. AGE: Years Months Days the less than one day	Probable Hermania, e Itani
9 Richard Carlisle Perma	Due to Certerso Scher - 1
	B. 1.
11 Industry or business	Due to
12. Name William Sweigert	Dther conditions
	(Include pregnancy within 3 months of death)
	Major findings of operations.
	Antopsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Guntlevalant Mil.	Injured at home, farm, Industry, public place (where?
18. Funeral director.	Means of Injury Injured at work?
Address content the	23. SIGNATURE M. D. orober
19. (Date rec'd by registrar)	Address Date signed 758/4
	County



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-0

CERTIFICATE OF DEATH

Reg. Dist. No. ...

City or town	City or town
Hospital, Institution or street address where death occurred:	Streel No. 7 2 1 Marida IN (If rural, give LOCATION) 2.(a) It veteran, name war Marida Marida II
How long in hospital or institution?	"
3. (a) FULL NAME	3. (b) Social Security Number
John Kenneth Dixon	214-05-6028
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Grale White married	20. DATE OF DEATH
8,(b) Name of husband or wife Desta William	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h im all Dead Oct. 13 19.46.
deceased (mo., day, yr.) 2015 10 - 1908	Immediate cause of death
8. AGE: Years Months Days If less than one daymin.	Pulmonary hemorrhage at once
9. Birthplace Sunty and and (Town, county, and state)	fractured lung from
10. Usual occupation	Due to Automobile accident
12. Name John Man Man John Man Man John Man John Man John Man John Man Man John Man Man John Man Man John Man Man Man Man Man Man Man Man Man Ma	Other conditions
14. Maiden name Inty Wolfred.	(Include pregnancy within 3 months of death) Major fiedings of operations.
\$ 15. Birthplace	Date of op.
16, Informani General	Autopsy results
Address 17	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide
Location near Comberland 18. Funeral director Attain Strain Sma	Injured at home, farm, industry, public, place (where?) Highway, near Automobile skidded vale Summitt Md. Meens of injury chilt pole
Address Comberlant	23. SIGNATUREH. V. Deming M.D. /Y. V. Deming M.D. of army
19. Oct. 19. 46. Hannell M. Soal Registrar	Address Cambrilland Md Date signed Oct 13/44

OCT 22 1946

DR. ENPILLD

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

09609

CERTIFICATE OF DEATH

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1. PLACE OF DEATH: ALLEGANY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
CITAL ETPI A NIT	Slate MARYLAND County ALLEGANY			
City or town	City or lown LONACONNING			
How long in above place ot death?	(If outside city or town limits, write RURAL, and give nearest town)			
MEMORIAL HOSPITAL	Sireet No			
How long In hospital or Institution? 2 DAYS	2.(a) It veleran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
LEONARD DYE, JR.	Hone			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
MALE WHITE SINGLE	20. DATE OF DEATH OCT. 22, 18 46, 23:15 A			
6.(b) Name at husband or wife	21 I BERTIFY that death occurred on the date above stated: that attended deceased from			
7. Birth dato otyears	10 20 10 10 22 19 10 10 10 10 10 10 10 10 10 10 10 10 10			
7. Birth dato ot deceased (mo., day, yr.) SEPT. 24, 1946				
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION			
28hrsmin/s				
MARYLAND	Due to Carthur deservely			
9. Birlhplace MARYLAND (Town, county, and state)	100 flor:			
1D. Usual occupation	Duo to Small gangranous areas Impossibles			
11. Industry or business	to find cause Durotion: 5 days.			
12. Name LEONARD DYE , SR.	Diher conditions			
	(Include pregnancy within 3 months of death)			
14. Malden name	Major findings of operations.			
15. Birthplace MARYLAND				
16. Informant MEMORIAL HOSPITAL	Autopsy results.			
Address CUMBERIAND, MD.	PHYSICIAN: Please underline the cause to which death should he charged statistically.			
17. Secretal Date thereof Ct. 27. (9 16 (month) (bay) (year)	22. VfOLENCE: It death was due to external causes, fill in the tollowing: Accident, suicide, or homicide			
11/2 22 (2.)				
Cemetery or crematory acceptancy and	Where did injury occur? (City or town) (County) (State)			
Location No allined, Ma	Injured at home, tarm, Industry, public place (where?) Meens of Injury Injured at work?			
18. Funeral director	means or injury			
Address Foraconing Md.	a course			
Och. 22 , 46 & R tranklin M.A	23. SIGNATURE M. D. or other			
(Date rec'd by registrar)	Address Date signed			

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information careful important. Physicians: please write the causes of death clearly an

PLEASE WRITE PLAINLY, '



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.... Date signed

	og. Diat. No.
2. USUAL RESIDENCE (HOME) OF DECEA (For newborn infants live residence of mother)	SED:
Charles W	Charami
State Couply Couply	
City or town(If outside city or town limits, write RU	RAL and give nearest lown)
54, 70 in 11 in	w ove
Sireel Ho. (If rural, give LOCATIO	
2.(a) tf veteran, name war	
	Social Security Number
3.(0)	More
MEDICAL CERTIFI	CATION
12x 9.11	18 46 1 23
20. DATE OF DEATH.	
21. I CERTIFY that death occurred on the data above stated;	
2 10 p L 20 19 7 6 , to	2350 10 #
and that I last saw h alive on . Och 2	. J
Immediate cause of, death	DURATION
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Oue to	Bate of op.
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Oue to	should be charged statistically. the following: Date of
Oue to	should be charged statistically. the following; Date of
Oue to	should be charged statistically. the following; Date of

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DR. HODGES

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 160-

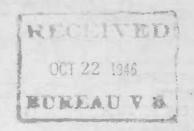
CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County ALLEGANY	(For newborn infants give residence of mother)			
	State WELLERS BURG			
City or town				
How long in abore place of death?	(If outside city or town limits, write RURAL and give nearest town)			
Hospital, institution, or street address where death occurred:	Street No.			
MEMORIAL HOSPITAL	(If rural, give LOCATION)			
How long in hospital or Institution?	2.(a) If veteran, name war			
3. (a) FULL NAME TO ann	3. (b) Social Security Number			
BABY CORL EMERICK	1/10/			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
FEMALE WHITE SINGLE	OCTOBER 15, 1946 II; 45 P.M.			
	20. DATE DF DEATH.			
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above statedy that I attended deceased from			
	OCT. 13 18 7/6 1 0 01. 13 19 70			
7. Birth date of OCTOBER TS T91.6 TO 588				
7. Birth date of deceased (mo., day, yr.) OCTOBER 15, 1946 IO; 58P.	Immediate cause of death A DURATION			
8. AGE: Years Months Days If less than one day	- Khy wy			
hrs. 4.7. min.	TYS DON			
CUMBERLAND, MD.				
9. BirthplaceMEMORIA I. HOSPITAL CITY	Due to			
10. Usual occupation	Due to			
11, industry or business				
12. NameJAMESEMERICK	Dither conditions.			
12. NameJAMES EMERICK 13. Birthplace PENNA				
	(Include pregnancy within 3 months of death)			
14. Maiden name ALMA DEREMER	Major findings of operations.			
14. Maiden name ALMA DEREMER 15. Birthplace PENNA	Date of op.			
no Nach				
16. Informant	Autopsy results			
Address (usufleland, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:			
17 Burial Date thereof Oct. 17, 1946	ZZ. VIOLENCE: II dealin was due to external causes, fill in the following,			
(Burial, cremation, or remoyal, Which?) (Burial, cremation, or remoyal, Which?)	Accident, suicide, or homicide			
Cemetery or crematory our substitution	Where did Injury occur?			
Carlly language for found	Injured at home, farm, Industry, public place (where?)			
Location DAJA, Somehall Chi, Ilman.				
18. Funeral director Saluey A. Buyler	Msans of Injury Injured at works			
11 11 0 12	11 HOORS MI			
Address Ayuldudu sung.	23. SIGNATURE			
10 Oct. 17. 19 46 A. F. Tranklin, M. D.	Was no other			
(Date rec'd by registrar) Registrar	Address Date signed Date signed			

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conservation is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



2411 N. Charles St., Baltimore 119-21

CERTIFICATE OF DEATH

	C	9	6	1	2	4	
Reg.							

				Reg. Diat. No	****************
PLACE OF DEA	TH: EGANY		2. USUAL RESIDENCE (HOME) OF (For newborn Infants give residence of m	DECEASED:	
Bity or fown CUI	BERLAND	nits, write RURAL and give nearest town)	State MARYLAND Coue		
How long in above place of death? 2 DAYS Hospital, institution, or street address where death occurred: MEMORIAL HOSPITAL How long in hospital or institution? 2 DAYS			(If outside city or town limits, write RURAL and give nearest town)		
3. (a) FULL NAME				3. (b) Social Security N	umber
4. Ser	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
MALE	WHITE	SINGLE	2D. DATE OF DEATH		9:30 H
6,(b) Name of husbend			21. I CERTIFY that death occurred on the date abov	e etated; thaf I attended deceae	19.46
edeceased (mo., dey, x	Months Months	Days I riess than one day 14	Immediais cause of death	9	DURATION
9. BirthplaceII		County, and state)	Due 10. Entero Calities Paronis	e	6 wes.
10. Usuat occupation 11. Industry or businese		——————————————————————————————————————	Due fo		
12. Name			Other conditions	•••••	
		E FIKE	(Include pregnancy within 3 m		
MHY		ND, friendsville	Antopsy results.	Date ot op	
16. Intormant	MBERLAND.	MD.	PHYSICIAN: Please underline the cause to whi	ch death should be charged st	
17 Burial, cremation,	or removal, Which?)	Date thereof Ct. 26, 946 (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or crematory favage about			Where did Injury occur?		(State)
1B. Funeral director4	10/10/ 10	wage	Meane of Injury	tnjured at work?	6.43
Address	and the same of th				
Address	render	lla, Md.	23. SIGNATURE was lear 7 Address/10 5. Centre 57.	Joues h	\$.



DR WILLIAMS

rect age ADING INK. Supply every item of information carefully. The corphysicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING PLAINLY, WITH UNF is especially important. PLEASE WRITE PLAINLY

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

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	U	JU	1	U
				-
Reg.	Diat.	No		

I. PLACE OF DEATH: Sounty ALLEGANY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
ily or town. CUMBERIAND MD. (If outside city or town limits, write RURAL and give nearest town)			
(If outside city or town limits, write RURAL and give nearest town) iow long in above piace of death?			
MEMORIAL HOSPITAL	Street No. Rural (If rural, give LOCATION)		
low long In hospital or institution?	2.(a) If veteran, name war		
B. (a) FULL NAME	3. (b) Social Security Number		
MRSMATHILDA FLORENTINE	None		
Sex 5. Color or race 6.(a)Single, married, widowed, or divorced FEMALE WHITE Widow.	MEDICAL CERTIFICATION		
	20. DATE OF DEATH OCTOBER 25 1946 21-2-05 A.M		
(6) Name of husband or wife John Florentine	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
. Birth date of	and that I last saw he hall you on 10 2 4 19 46		
deceased (mo., day, yr.) June 14, 1867	Immediate and I death.		
B. AGE: Years Months Days If less than one day	Tenaralis ed		
79 4 11hrsmin.	antariosplani		
Alexandria Italy (Town, county, and state)	* Supermittes 67		
10. Usual occupation	Due to Due to		
11. Industry or business 12. Name John Bouchs			
13. Birthplace Alexandria, Italy	Diher conditions		
14. Maiden name Marie Coupe	(Include pregnancy within 3 months of death)		
	Major findings of operations.		
15. Birthplace Meland, Italy	Bate of op. Description		
16. Informant MEMORIAL HOSPITAL	PHYSICIAN: Please naderline the cause to which death should be charged statistically.		
Address CUMBERLAND, MD.	22 VIOLENCE, It doubt was due to external causes. Ill in the following:		
Burial Burial (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Kalbaugh Cemetery	Where did injury occur?		
Elk Garden, W. Va.	Injured at home, farm, industry, public place (where?)		
18. Funeral director William H. Kight	Means of Injury Injured at work?		
Address Cumberland, Md.	TIT. Deia:		
19. Och 76, 19.46. Jos. P. Franklin, M. o. (Date red by registrar)	23. SIGNATURE M. D. or other		
(Date rec'd by registrar) Registrar	Address for best and Date signed 16.25.46		



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MARYLAND STATE DEPARTMENT OF HEALTH

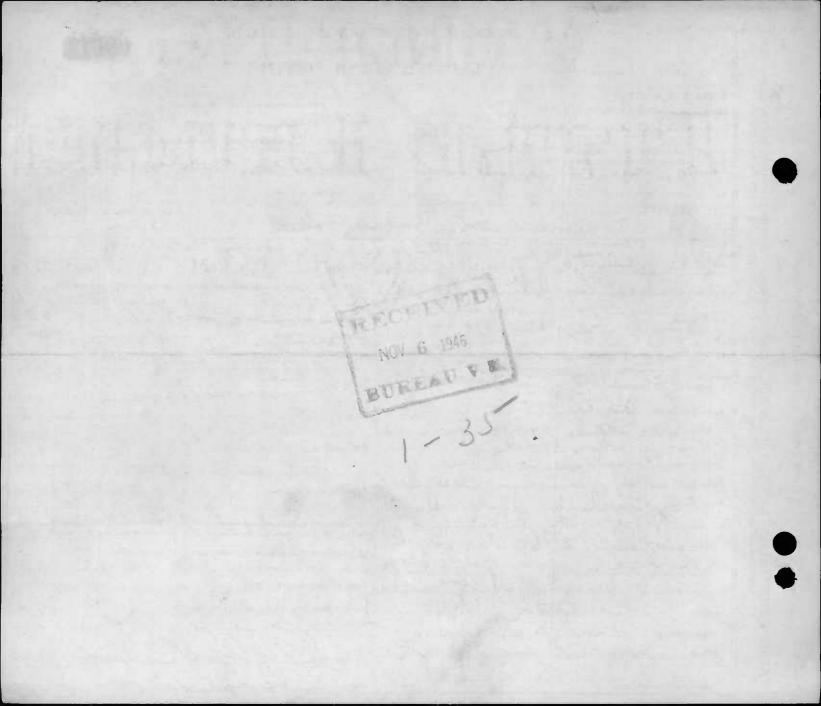
2411 N. Charles St., Baltimore



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	CERTIFICAT	E OF DEATH	Reg. Dist	t. No
1. PLACE OF DEATH:		2. USUAL RESIDENCE (I	HOME) OF DECEASED:	
City or town (If outside city or town limits, write RURAL and	give nearest town)	StateZu.d	Lo County Cou	egany
How long in above place of death?3.6 years! Hospital, institution, or street address where death!occurred:		202	y or town limits, write RURAL ar	nd give nearest town)
702 Montgomery a	re		(If rural, give LOCATION)	
How long In hospital or institution?	0 71	2.(a) If veteran, name war		Security Number
4 Sex 5. Color or race 6.(g) Single, married, w	L Heuri	y ford	Non	e
Male While Married, w	ned	2D. DATE DF DEATH	dical certificati	19.4-6 at)1:55A
6. (b) Namo of husband or wife. Elezabeth To	?. Kehoe	1 / 0 0	d on the date above stated; that hat	ended deceased from
7. Birth date of deceased (mo., day, yr.) Jel- 12, 187	ve age	and that I last saw h	ve on Cel 31	194
8. AGE: Years Months Days If less to	han one day	Immediair cause of death	- Myran	lite DURATION
72 8 19	in G. Pa	Bue to A		
9. Birthplace		Certer	ioreleros	
10. Usual occupation	low	Duo 10		
12. Name John Ford	2.	Dther conditions		
13. Birthpiaco al Line Co.	Sunder		naney within 3 months of desth)	
15. Birthplace Palail Cy. Pa	0	Major findings of operations	8.1	1 90.,
16. Informant Toderick Ford	COR	Antopsy results PHYSICIAN: Please underline	the cause to which death should be	e charged atatistically.
Address Dox 60 M2 Holida 17 Buial Date thereof H.d.	456mg Va		ue to external causes, fill in the follow	
(Burial, cremation, or removal. Which?) Cemetery or crematory. Beaschoff He	conth) (day) (year)	Accident, suicide, or homicide Where did injury occur?		v) (State)
Location Johnstown (public place (where?)	
18. Funeral director	ler 1	Means of Injury	110 Am	work?
Address Cumberland	ma.	23. SIGNATURE	Willia	M. D. fr other
(Date ree'd by registrar)	McClus M Registrar	Advess fre	la /m/	ate signed



DR. GROVE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartes St., Battimore (185)

09615

CERTIFICA	ATE OF DEATH	Reg. Diat. N	104
1. PLACE OF DEATH: County ALLEGANY	2. USUAL RESIDENCE (HOME (For newborn infants give residence	C) OF DECEASED:	
City or town	Slate MARYLAND City or town OAKLAND (If outside city or town I		
Hospital, Institution, or street address where death occurred: MEMORIAL HOSPITAL	Street No		6
How long in hospital or instilution?ONE DAY	2.(a) If veteran, name war	***************************************	
JUDSON W FOSTER JR.		3. (b) Social Sec	curity Number 8-2665
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL	CERTIFICATION	
MALE WHITE MARRIED	20. DATE OF DEATH OCT. 21		
6.(b) Name of husband or wife. Eliza testings	21. I CERTIFY that death occurred on the dat		
T. Birth date of 6.(c) If alive, give age 19. yes	ars and that I last saw h		194
deceased (mo., day, yr.) Alcewher 10, 1921	Immediate cause of death		DURATION
8. AGE: Years Months Days It less than one day	do cena to 2 ps	January 12	
9. Birthplace MARYJAND, Larrett County (Town, county, and state)	Due to.		
10. Usual occupation. TIMBER CUTTER	Due to.		
11. Industry or business	_	***************************************	***************************************
12. Name JUDSON FOSTER SR. 13. Birthplace MARYLAND Garett Counts	Dther conditions		
13. Birthplace MARYLAND, Garrett County	/ (Include pregnancy with	in 3 months of death)	
14. Maiden name SABINA JORDAN 15. Birthplace MARYLAND, Larrett County	Major findings of operations		
\$ 15. Birthplace MARYLAND, Sarrett County			a-
16. Informant MEMORIAL HOSPITAL	Antopsy results		
Address CUMBERLAND, MARYLAND	PHYSICIAN: Please underline the cause		
0 : 0	22. VIOLENCE: If death was due to externo	al causes, fill in the following	10-21.00
(Burial, cremation, or removal, Which2) Date thereof CV Q 4 / 946 (month) (day) (year)	Accident, suicide, or homicide. L.C.C.A.		Hmd.
Cemetery or crematory	Where did injury occur?(City or to	- 1	(State)
Location Cabland, Md.	Injured at home, farm, Industry, public place	Ce (where)	***************************************
18. Funeral director Exercise D. Bolden	Means of Injury Cur lay The	en las Injured at wor	in yes.
Address Ookland, Md	_ (5	man.	Sma).
. Oak 23 ,46. J. F. Franklin, Mi	23. SIGNATURE		M. D. or other
(Date rec'd by registrar)	Address medical	2 d q Date	signed 18-22.4

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CERTIFICATE OF DEATH

2411 N.	E DEPARTMENT OF HEALTH Charles St., Baltimore 33.0
CERTIFI	CATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	(if outside city or town limits, write RURAL and give nearest town)
3.(a) FULL NAME MRS. JULIA E. FRAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced White Married	MEDICAL CERTIFICATION 20. Date Of Death October 2 19 46 et 2 P.
6,(b) Name of husband or wife. Charles R. Frame 6.(c) If allve, give age. 7. Birth date of deceased (mo., day, yr.) February 18, 1895	21. I CERTIFY that death occurred on the date above stated: that Thepded decrased from 19
8. AGE: Years Months Days If less than one day	min.
9. Sirthplace	Due to Milleur abre lu do Mu y ocar di ber Due to
12. Hame Andrew Mooney 13. Birthplace Ireland	Other conditions
14. Malden name Johanna Dignan 15. Birthplace Ireland	(Incinde pregnancy within 3 months of death) Major findings of operations
Address 215 Decatur St., Cumberland, Mo	Actopsy results
Burial Bartion, or removal. Which?) Bate thereof Oct. 7, 19 (month) (day) (year	
Cemetery or crematory S.S. Peter & Paul Cumberland, Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director Charles L. George Address Cumberland, Md. 19. Oct. 5, 19. 46. Charles L. George	23. SIGNATURE Disased Mr.D. or other

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CERTIFICATE OF DEATH

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OCT 8 1946

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M	ARYL	AND	STATE	DEPARTMENT	OF	HEALTH
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2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

	Aug. Dist No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants of the residence of mother)
(If outside city or town limits, write EURAL and give nearest town)	State County County
How long In above place Udeath?	City or towe (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occupied:	Street No. Suglasvave
and the special of some such	(If roral, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Colizabeth Smith trance	
4. Sex 5. Color of race 6.(a) Single, married widowed, or divorced	MEDICAL CERTIFICATION
Figurale Sphils Sidowed	20. DATE OF DEATH Oct. 16 th 19 46 et 8 14 M
6.(b) Name of husband or wife Dannes 4 rancis	24. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Wind not allend 19 , to 19
7. Birth date of S. (c) It alive, give age years	and that I last saw hallve on
deceased (mo., day, yr.) Suava6, 1888	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	6 Corman occlusion
6 20hrs	
9. Birthplace And March of Cown, country and store	Que to.
10. Usual occupation ATMALANTUME	Due to
11. Industry or business Own home	
12. Name / Whenty Conatt	Dither conditions
\$ 13. Birthplace Scotland	
14. Majden name. Seam Pel	(Include pregnancy withio 8 mooths of death)
	Major findings of operations
15. Birthplace Scotland	
18. Informant And	Autopsy results
Address T () rashington of	POYSICIAN: Please underline the cause to which death should be charged statistically.
17. 12 und Date thereof \$ 00 19 1944	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, cremation, or removal. Which)	Accident, suicide, or homicide
Cemetery or crematory Salt All Cemelery	Where did injury occur?
Location Longe Sources And	Injured at home, tarm, industry, public place (where?)
18. Funeral director. M. Sichhorn	Means of injury Injured at work?
Address Linaconing //	23. SIGNATURE JAMES Dy. Itoolegan in w.
19 Oct 14 1946 Vannette Ma Goal	M. D. or other
(Date rec'd by registrar) Registrar	Address Lowaconing and Date signorth. 1846

OCT 2.2 1946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-0

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County allegan	Allegany)
Cily or town	State County R
How long in above place of death? 3 years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death opcurred:	street No. Bowmands Addition, Koute 3
allegany Hospital	(If rural give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war. World way I
3. (a) FULL NAME	3. (b) Social Security Number
Bruce Christian	- Julb 225-14-1087
4. Sex 5. Cotor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 3- 21
Juale While married	20, DATE OF DEATH 0 CX 14 19.46 31.3.32 AM
ada & H	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	19. , to
7. Birth date of	and that last sawh im all Dead Oct. 14 19 46
deceased (mo., day, yr.) March 13, 1895	BUDATION
8. AGE: Years Months Days If less than one day	Intercranial hemorrhage 27 hrs.
51 7 /hrsmin.	
9. Birthplace Fulfas Kun Rockingham Cu. Mr.	Oue to a fracture of the SKUII
(Town, county, and state)	
10. Usual occupation	Due to automobile accident
11. Industry or business 13 4 Carload	
# 12. Name Fulls	Dither conditions
13. Birthplace Fully Origin. Va.	
# Sloremahor/	(Include pregnancy within 3 months of death)
15. Birthplace Fulbs Run Va.	Major findings of operations.
El 15. Birthplace Julips dun	Date of op.
16. Informant	Autopsy results
Address Fullas Vin Var.	
17 Burial Date thereof Oct 17,1946	22. VIOLENCE: If death was due to external causes, fill in the following: Oct 12-46
(Burial, cremation, or removal. Which?) Date thereof	recipent wilds a desired and allegany Md. Where did injury occur? Cumberland Allegany Md. (City or town) (County) (State)
Cemetery or crematory das Grove Clinelland	Where did Injury occur? (City or town) (County) (State)
Location Mean Fulles Run Val	Injured at home, farm, Industry, public place (where? ar Bed Ford Road
0. 7/2/2	Means of Injury Automobile Accidented at work? Ves. Ves. Tire Truck Skidded and turned over.
18. Funeral director	File III
Address Wulls and Man	22 CICHATITES TO COLOREST MINE MANAGEMENT
10 ()ct. 17 10 46 K. F. Wanklin, M.D.	M. D. or other
(Date rec'd by recristrar) Registrar	Address Cumberland 2nd Date signed Out 1446

OCT 22 1946
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0.43	WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and
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PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 926

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09619

DR. W.F. WILLIAMS CERTIFICAT	E OF DEATH Reg. Dist. No.
I. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
MRS. ELLA GLASS	lone
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE MARRIED	20. DATE OF DEATH OCT . 26 19 46 at 5:25A M
6.(6) Name of huaband or wifa ARTHUR T. GLASS 6.(c) If alive, give age 58 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 20, 194619 to Octo 26, 15.46
7. Birth data of deceased (mo., day, yr.) NOV. 1, 1890	and that I leat see b. er all of October - 25, 1946
8. AGE: Yeara Months Days If less than one day	Immediain cause of spath. DURATION
# 55 // 25hrsmin.	economic of the contract of th
9. Birthplace MARYLAND (Town, county, and atate) 1D. Usual occupation HOUSEWIFE	2 Seambarration
f1. Industry or businasa	To De Allendar
12. NameVINCENTWARNICK	Diher conditions Cuall
14. Maiden name SARAH YOST 15. Birthplace MARYLAND	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Membrial Hogy lal	Autopsy results Olec S
Address Cumberland & Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Durice Date thereof October 29, 446	22. VIOLENCE: tf death was due fo external causes, fill in the following:
(Burial, eremation, or removal Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Whera did injury occur?
Location Westinspiret 7004	Injured at home, farm, Industry, public place (where?)
18. Funeral director Elleworth 136 al	Maens of Injury Injured at work?
Address / 1 Charles 1. 7 Cestil up - 4. Will	Q. Hagaskins
19. Oct. 28, 19. 46 Franklin, M.S. (Date ree'd by registrar)	Address will accept, Date signed 0/2 6 96



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

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CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF SEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Econewborn Infants give residence of mother) State County City or town (If outside gity or town limits, write RURAN and give pearest town) Street No. 6 7 (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME 4. Sex 5, Color or race 6. (a) Sipaje, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
male White married	20. DATE OF DEATH. Ortober 30 19 46 at 510 184
6.(b) Name of husband or wite Sakah Whate 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.46 19.46 19.46 19.46 Immediate cause of death Duly Company Combours 16.46 16.46 17.66 18.46 19
9. Birthplace lo sample (Town, county, and state) 10. Usual occupation	Oue to.
11. Industry or business 12. Name	Other conditions
16. Interment Purs Sarah Gottlieb. Address Comberland Engl	Actopsy results
(Burial, cremation, or removal, Which?) Cemetery or crematory	Accident, suicide, or homicide
Location Jones Stein 2nd	Means of Injury Injured at work?
Address Completed 19. Address	23. SIGNATURE B; M. J. Achinalles M. D. or other Address Date signed of 39/14

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and BINDING MARGIN RESERVED FOR

PLEASE

James Charles Ma GHARDARI THE PERSON OF TH Un Schmiller

Within corporate limits

DR SCHINDLER

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (33-0)

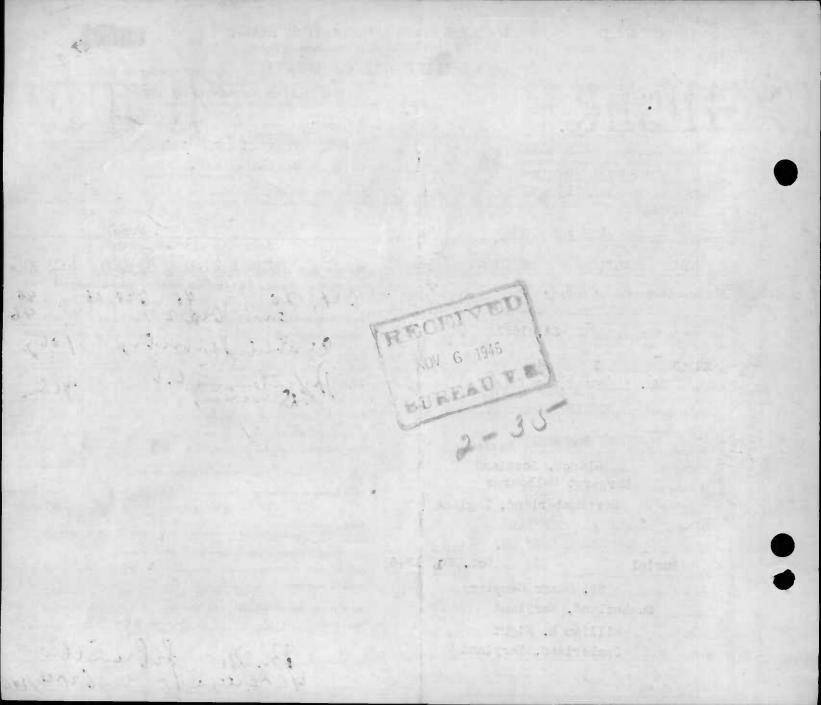


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CERTIFICATE OF DEATH

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CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County A LLEGANY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State MD a County ALLEGANY
How long in above place of death? 15 HOURS	City or town
Hospital, Institution, or street address where death occurred:	Street No. LIZT LAING AVE. (If rural, give LOCATION)
MEMORIAL HOSPITAL How long in hospital or institution? 15 HOURS	
	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
MRS JANE ANN GREEN	None
4. Sex 5. Color or race 6.(o)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE MARRIED	2D. DATE DF DEATH OCTOBER 28,1 1946 4:15 A
6.(b) Name of husband or wife JOHN M. GREEN	21. I CERTIFY that death occurred on the date above etated; that I altended deceased from
7. Birth date of	and that I last any h. Scaling on 6.4.2.7.
7. Birth date of deceased (mo., day, yr.) SEPT 24, 1883	T TO DIRECTION
8. AGE: Yeare Months Days If less than one day	Circle flowing 1003
0 RN 63 1 4min.	A
Birthplace Mary AILEGANY COMPANY Mary law	Love to Shift the same of the
1D. Usual occupation HOUSEWIFE	11 Description
	Due to
11. Industry or bueineee THOMAS Russell	
E 12. name	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Margaret Melbourne 15. Birthplace Northumberland, England	Major findings of operations.
	Date of op.
16. InformantMEMORIAL.HOSPITAL.	Actopsy results
Address CUMBERLAND, MD.	
17. Bur1al Date thereof Oct. 30. 1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory St. Marys Cemetery	Where did Injury occur? (City or town) (County) (State)
Combanland Maryland	tnjured at home, farm, Industry, public place (where?)
18. Funeral director. William H. Kight	Meane of Injury Injured at work?
Address Cumberland, Maryland	n 0.0. ~10.
10 Oct. 29 10 46 Joseph Q. Dranklin Max	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

2.(a) If veteran, name war...



Reg. Diat. No.

3. (b) Social Security Number

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important.

CERTIFICATE OF DEATH 1. PLACE OF DEATH: y. The collegibly. information carefully of death clearly and How long in above place of death? Hospital Intillution, or street address where deat How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED! wborn infants give residence of mother) (If outside city or own limits, write RURAI (If rural, give LOCATION)

3. (a) FULL NAME 4. Sex deceased (mo., day, yr.) Months 8. AGE: Years

MEDICAL CERTIFICATION 20. DATE OF DEATH DURATION myo cardoses (Include pregnancy within 3 months of death) Major findings of operations......

PHYSICIAN: Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following;

(City or town)

especially PLAINLY, WRITE PLEASE

23. SIGNATURE ..

Injured at home, farm, Industry, public place (where?)

Accident, suicide, or homicide,.....

Where did injury occur?

Means of Injury

Address.

(State)

(County)

Injured at work?

OCT 22 1945
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-6

CERTIFICATE OF DEATH

09623/ Reg. Dist. No.....

CERTIFIC	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
ounty Allegazay	(For newborn infants give residence of mother)
La Taland	State Drangland County Allegary
(If outside city or town limits, write RURAL and give nearest town)	Charles Preschtone
low long in above place of death? 4 duyo	(If outside city or town limits, write RURAL and give nearest town)
ital, Institution, or street address where death occurred:	Street No. Commingham app.
allegary Hopital	(Iffaral, give LOCATION)
w long in hospital or institution?	2.(a) If veteran, name war.
The state of the s	Z.(U) (1) Teterall, maille wall
(a) FULL NAME	3. (b) Social Security Number
Atella Jakel	NONE
Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
6 11:1:4 0 . 1	MEDICAL CERTIFICATION
temale Mute married	20. DATE OF DEATH UCL 13 19.46. al 12-
N- 11. 1.0011.	
(b) Name of husband or wife A San College And Andrew	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
6.(c) If alive, give age	March 3 19 /2 to CC/ , 1 3 19 /2
Birth date of	and that I last saw h alive on
deceased (mo., dsy, yr.) July 76' 1907	Immediate cause of death DURATION
AGE: Years Months Days If less than one day	
99 2 15 hrs.	min. Commenter Mark full war.
	70 51 7 01 7
Birthpiace My (Town, county, and side)	Due to Meurilla Mil ockon -)
(Town, county, and style)	
Usual occupation / Impliment	
	Due to
. Industry or business	
12. Name Laward & dease	Dther conditions
13. Birthplace	
	(Include pregnancy within 3 months of death)
14. Malden name Chazella Leasy, 15. Birthplace	Major findings of operations.
15. Birthniace	Date of on.
(H 4. 911.	
Informant Hand Olo Jale	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address - Preshtown Ind	
18AA: 11	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Whigh?) Date thereof	Accident, sulcide, or homicide
(Durini, cremation, or removal, winder)	
Cemetery or crematory.	Where did Injury occur?
inal Lahas X	Injured at home, farm, Industry, public place (where?)
Location	Means of Injury Injured at work?
8. Funeral director army stem) ac.	medie vi injui)
ch 1. l. l	1 136 1111
Address Oymvierung	23. SIGNATURE 4 May MI
. Oct 16 46 Populli no	M. D. or other
(Date rec'd by registrar)	gistrar Address Date signed

OCT 22 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County ALLEGANY	(For newborn intents give residence of mother) MARYLIAND ALLE GANY
City or town	StateCounty
How long in above place of death? 80. Tears	City or town
Hospitat, institution, or street address where death occurred:	Street No. IO S.ALLEGANY ST.
MEMORIAL HOSPITAL	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
HITCO CODA TONEO	None
4. Sex 5. Color of face JOH F. (1) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE SINGLE	20 DATE OF DEATH OF OTHER PROPERTY AND A DESTRUCTION OF THE PROPERTY AND A
Tringing All the STACE	20. DATE OF DEATH
6.(b) Name of husband or wife	Settember 8 19.46 to October 17 19.46
7. Birth date of	and that last saw hard alive on Octobra 16 1946.
deceased (mo., day, yr.) August 4 1866	-
8. AGE: Years Months Days If iess than one day	Immediai, cause of death
86 2 13hrs,min.	
	he keeperturion
9. Birthplace MARYLAND Cumbetland, Allegay Co. (Town, county, and state)	Due to
10. Usual occupationH.QUS.P. WORK	
11. Industry or business	Due to
	Other conditions.
E BEADYTAND ~	
	(Include pregnancy within 3 months of death)
JENNIE KEGG 14. Maiden name MARYLAND 15. Birthplace	Major findings of operations
€ 15. Birthplace	Date of op.
16. Informant Albert Jones	Autopsy results
Address 121 N. Broad St. Philadelphia 7. Pa	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial Date thereof 10/19/46 (month) (day) (year)	Accident, sutctde, or homicide
Cemetery or crematory Rose Hill Cemetery	Where did Injury occur?
Location Cumberland, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. William H.Kight	Meens of injury
Address Cumberland, Md.	and N. Kann W.D.
Audiess Control Latter Mate	23. SIGNATURE M. D. or other
19. Od. 18. 19. 46 Joseph On Registrar Registrar	P Conductive was solish

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WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly:

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WRITE PLAINLY,

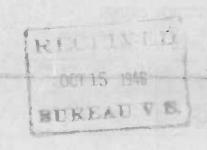
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THE RESERVE ASSESSMENT OF THE

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THE RESIDENCE THE PROPERTY OF STREET



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

Reg. 0.96264

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County ALLEGANY City or town CUMBERLAND	State MARYLAND County ALLEGANY
(If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	(If outpide city or town limita, write RURAL and give nearest town) Street No. 882 BEPHART DRIVE
MEMORIAL HOSPITAL	Street No. OOZ ORTHARI DAI VE
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
MRS. ESTELLE KUNES	More
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE MARRIED	20. DATE DF DEATH OCT. 10, 146 10:15 A
6.(b) Name of husband or wife FI.OYD KINES	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of TARD TO TOO 4	OCT, 9, 19 46, 10 OCT, 10, 1946
7. Birth date of deceased (mo., day, yr.) MAR . 18, 1884	
8. AGE: Years Months Days It less than one day	Immediair cruse of death DURATION 10-9-46
62 6 23hrsmin.	Byt Halingles 10-7-4
9. Birtholace PENNA. Belford County	Due to.
(Town, county, and state)	
10. Usual occupation HOUSENTFE	Due to
11. Industry or business	
12. Name AUGUSTUS THOMAS 13. Birtholace PENNA. Bellord County	Dther conditions
0	(Include pregnancy within 3 months of death)
14. Maiden name MARILIA NORTON	Major findings of operations.
15. Birtholace PENNA. Bedford County	- Date of op.
16. Intermant	Antonsy results.
Address CUMBERIAND, MD.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 0	22. VIOLENCE: If death was due to external causes, till in the following:
17. (Burial, cremation, or removal. Which?) Date thereof (month) (der) (year)	Accident, suicide, or homicide
Cemetery or crematory Hyndinan Countery	Where did lajury occur?
Location Ayushan Pa	Injured at home, farm, Industry, public place (where?)
18. Funeral director John J. Hales	Means of Injury Injured at work?
Address P. Les Cl. & Truck.	play) tumos
Dok is it and the	23. SIGNATURE M, D, or other
19. (Date rec'd by registrar) (Date rec'd by registrar) Registrar	Address Date signed 0-10-4



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

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CEDTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospitel, Institution, or street eddress where death occurred: MEMORIAL HOSPITAL How long in hospitel or institution? FIVE DAYS	Streel No. MT. JAKE PARK MARY JAND (If rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 5.(a) Single, merried, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE MARRIED	20. DATE OF DEATHOCTOBER 27 19 19 46 at 3 1 15
6.(6) Neme of huebend er wife	21. I CEBANY that death occurred on the date above etated; that Lattended deceased from
7. Birth date ef deceased (mo., dey, w.) SEPT 22 1870	Immediais cause of death DURATION
8. AGE: Yeere Months Days If less than one dayhrsmin.	Corone Cachesin
9. Birthplece	Dec 10.
10. Usual occupetion	Due to Chater is softens of
12. Name ISAAC LEICHTON 13. Birthplace EN GLAND	Dither conditions
14. Malden neme ELIZABETH FRITH 15. Birthplace FN GLAND	(Include pregnancy within 8 months of death) Major findings of operations.
16. Informent	Autopsy results. 2000
Address CUMBERLAND, MARYLAND	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
17. Burial, cremation, or removal. Which?) Date thereof Oct 30, 1946 (Burial, cremation, or removal. Which?)	22. VfOLENCE: If death wes due to externel ceuses, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Oakland Cemetery	Where did Injury occur?
Location Oak land, 17d	Injured et home, ferm, Industry, pub ¹¹ c plece (where?) Means ot injury Injured at work?
Address Cerebraland Tred,	W.F. William
19. Och 29 19. 46 J. Porauklin m. C. (Date rec'd by registrar)	23. SIGNATURE Address. Address. Date signed D/27/4

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ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

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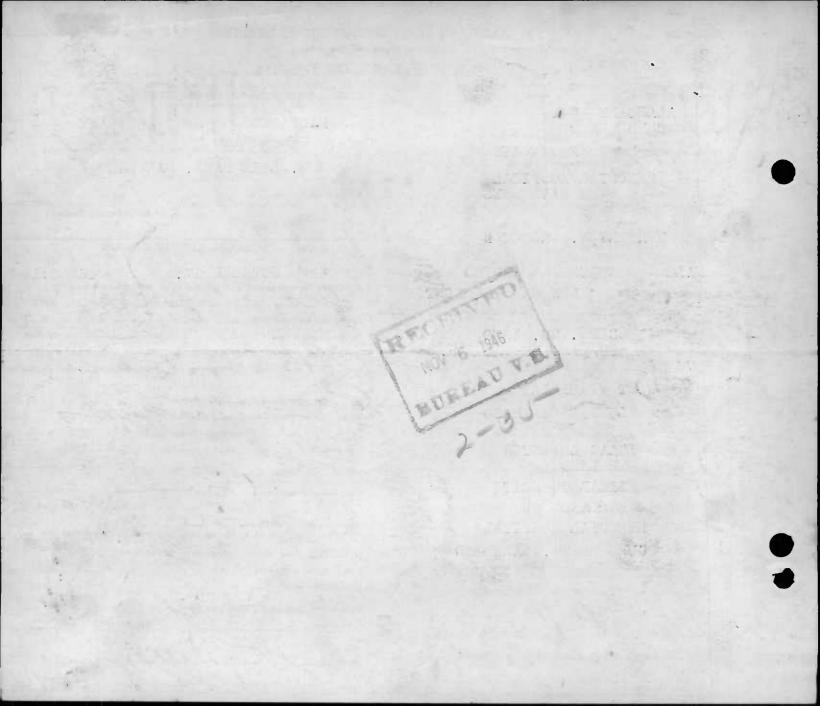
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Additional County	(For newborn infants give residence of mother) State / ANA MAN County County
City or town (If autside city or town limits, write RURAL and give nearest town)	
How long in above place of death? # 5 yestes	(If oniside city or town limits, write RURAL and give neares (lown)
Hospital, Institution, or street address where death opeyfred:	Street No
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	
George Sint	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorged	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH
8.(4) Name of husband or wife Margaret Stewart of	CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) It alive, give age 56 years	1946 Och 28 1946
7. Birth date of deceased (mo., day, yr.)	and that I last saw h.A. alive en
8. AGE: Years Months Days If less than one day	Immediate cause of death
744 1/ 10hrsmin.	
9. Birthplace Barton allegan Ci. Had	Ove to
10. Usual occupation of al Markher A Retused	
11. Industry or business Sensamas Gline	Oue to
12. Name Jahran Vincinty	Other conditions
\$ 13. Birthplace Germany	(Include pregnancy within 3 months of death)
14. Maiden name Mangalerital Orensale	
15. Birthplace Germany	Major Endings of operations
16. Informant Miss Or Ellisgation Comm	Autopsy results.
Address Barting Wand	PHYSICIAN: Please underline the cause to which death should he charged statistically.
1 . 11 m + - 1011	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory CAR Hull Designation	Where did injury occur? (City or town) (Connty) (State)
Location Lauraconna Lib	Injured at home, tarm, Industry, public place (where?)
18. Funeral director for Sighhorn	Means of Injury Injured et work?
Address & maconing and	We was a Made . Belo
Det 30 1046 Laynette M Boal	23. SIGNATURE MULY DA LODGE M. D. or other M. D. or other

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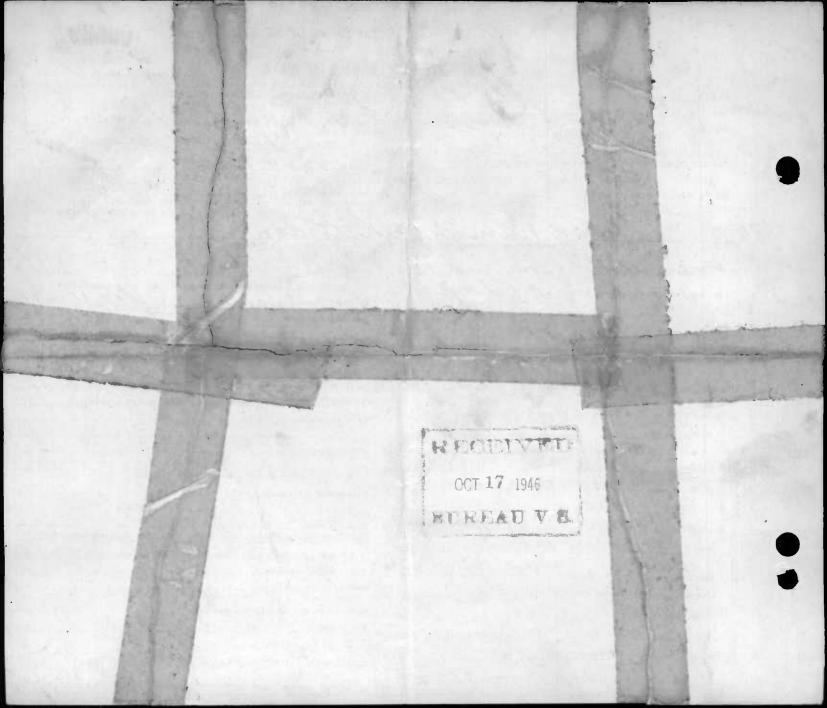
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-d

CERTIFICATE OF DEATH

,	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Allegany	State maryland county allegany
City or town (If outside city or town limits, write RURA) and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RUR), and give nearest town)
Hospital, Institution, or street address mere death occurred:	Street No. SUN STAN
sun un	(If rural, crive LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Grany Bernadette	Loasdon 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Homele White married	20. DATE OF DEATH OSTALL 11 19.46, 21.5 0. M
Burney & F hous don	21. I CERTIFY that death occurred on the date allove stated; that I attended deceased from
6.(b) Name of husband or with Alexand f f f	Carralycas 19 10 Cety 1 1946.
7. Birth date of	and that I last saw h 400 alive on 19 4 6
deceased (mo., day, yr.)	Immediair cause of death
R. AGE: Years Months Days If less'than one day	Their translit and 10 de
36 4, 20 min.	
and James and	Que la Chris Enfocation of 8 1/D
9. Birthplace(Town, county, and state)	supranditi Bescusdian you
10. Usual occupation. Hoosewife	Due to
11. Industry or business	
= 12. Name John Lynch	Dither conditions
12. Name John Lynch 13. Birthplace Md.	
	(Include pregnancy within 3 months of death)
	Major findings of operations.
	Date of op.
16. Informant Brinard F. Logsdon	Antopsy results.
Address Mt. Savage Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 + 11 1941	22. VIOLENCE: If death was due to external causes, till in the following;
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremator St. Patricks Cpm.	Where did injury occur? (City or town) (County) (State)
not source md	Injured at home, farm, Industry, public place (where?)
	Means of Injury Injured at work?
18. Funeral director. LD VIS Stein, Inc.	00000000
Address Cumberland, md.	23. SIGNATURE H. Man & Missing low
13 anguel 12 19 46 Vermen M Demisit	23. SIGNATURE M. D. or other M. D. or other M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

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-	-	Reg.	Diat.	No
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CERTIFICAT	TE OF DEATH
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Couply City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If runding give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Gertrude Boon In	acketh 3.(b) Social Security Number
Hongle Monte Phalowed Thomase Monte Phalowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. O. 10 46 .1 10 36
6.(b) Name of husband or wife James G. Smach Uth. 6.(c) If alive, give age	21. I CENTIFY that death occurred on the date above stated; that lattended deceased from 19
7. Birth date of deceased (mo., dsyryr.) 8. AGE: Years (Months Days If less than one day hrs	Immediai Disphi death Myscardilis (MINATION
9. Birthplace Hagen (Town, county, and state) 1D. Usual occupation Hussingship	Due to arterial hyperheusing 1966
11. Industry or business at Throng 12. Name	Dther conditions.
14. Maiden name Incluser and 15th.	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant makel Book Address Cumberland	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial, cremation, or removal Which?) Cemetery or crematory. Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director Arms Stans Sm	Injured at home, farm, Industry, public place (where?)
19. Oct. 11, 19.46 & P. Franklin, M. D.	23. SIGNATURE . S. C. C. C. C. M. D. or other M. D. or other

M D Address Weeland, Mid

WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

WRITE PLAINLY, is especially

PLEASE

(Date rec'd by registrar)

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OCT 15 1946

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Within corporate limit's MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 93-d CERTIFICATE OF DEATH Reg. Diat. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: ormation carefully death clearly and How long in above place of death? Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) information of death cle How long in hospital or institution?.... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING 20. DATE OF DEATH ... 7. Birth dafe of deceased (mo., day, yr.) DURATION 8. AGE: 10. Usual occupation important. 13. Birtholace (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace 14. Maiden name 6 especially PHYSICIAN: Please underline the cause to which death should be charged statistically. PLAINLY Address 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did Injury occur? WRITE (City or town) (County) Injured at home, farm, Industry, public place (where?) Msens of Injury PLEASE Address 23. SIGNATUR

(Date rec'd by registrar)

OCT 15 1946

MARGIN RESERVED FOR BINDING

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DR. ENFIELD

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3-6)

CERTIFICATE OF DEATH

* Reg. Dist. No.

1. PLACE OF DE	ANY			2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:
		1	URAL and give nesrest town)	State MARYLAND co	unty ALLEGANY
How long in above place Hospital, Institution, or NEMO	e of death?	deam occurred	Y. 5		C ST.
3. (a) FULL NAM					3. (b) Social Security Number 2/5-20-7057
4. Sex	5. Color or race	B.(a)Singl	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION
FEMALE	WHITE	MAR	RIED	20. DATE OF DEATH OCTOBER 4	18 46 at 2:50 A M
6.(b) Name of husband 7. Birth date of	or wife DAVI	6.(e) If alive, give age45years	21 CERTIFY that death occurred on the date ab	ove stated; that I attended deceased from
deceased (mo., day,	yr.) JULY	26, 19	1 If less than one day	Immediate cause of death	DURATION
8. AGE: Year 37	s Months	Days 8	hrs min.	Julie -	
11. Industry or busines 12. Name	HOUSEWI FATON SHI PENNSYI MARY FIT	FE	Dumber B Fitzmaurice A Fairchance	Due to	months of death) Date of op
17	ory Green	Date ther	Jemorial Cemetery Strauflii, M.D. Registrar Registrar	22. VIOLENCE: It death was due to external ca Accident, suicide, or homicide	Date of

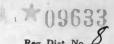
CONTRACTOR STREET

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 2411 N. Charles St., Baltimore (1940) CERTIFICATE OF DEATH



	200
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	State A A A A C County A Color of Manager of
(If outside ty or town limits, write RURAL and give negrect town)	
How tong in above place of death	City or town (1f outside city or to by limits, write RURAL and give newest town)
Rospital, Institution, or street address where death occurred:	Street No. Cast Main St.
Bow to a la basilet as latitudes?	(If Total, give LOCATION)
How tong in hospital or institution? 3. (a) FULL NAME	2.(a) It veteran, name war
John Di Ollpine	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Inale White pearried	20. DATE DE DEATH OLT 2 4 19. 4 6, et 1.2 1.5 M
8,(8) Name of husband or wife Sessie Urilson ME	ALL CERTIFY that death occurred on the date above stated; that I attended deceased from
700	Oct 23 1846 to Oct 24 1846
7. Birth date of	and that I last saw h. Adam alive on O. J. 2.4
deceased (mo., day, yr.) Ching - 19 18 10	Immediate cause of death
8. AGE: Years Months Days It less than one day	# Coronary veclusion
10 2 // dhrsmin)
9. Birthplace (Pown, coupty, arti state)	Eure to
10. Usual occupation Douthury of Harchant Wetires	(1)
6 100	Due to
11. todustry or business () will foruse allrice	
12. Name Scotland	Dither conditions
m	(Include pregnancy within 8 months of death)
E 1 - P + 11	Major findings of operations.
\$ 15. Birthplaco	Date of op.
18. Informant Illy Comal It of sully	Antopsy results
Address Louis Coming, MA	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Brusal Date thereof Oct, 26 160	22. VIOLENCE: If death was due to externat causes, fill in the following;
(Burisi, cremation, or removal, Which?)	Accident, suicide, or homicide
Cometery or crematory, All Colonia Col	Where dld injury occur?
Location Durantellaside, Mrs.	tnjured et home, farm, industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address I maconing Find) the bole as he so
Not 25 11 (+11, m/9)	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address Lonalbury and Date signed Och. 25 4.

Registrar Address Louardury but



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VS A15-

MARYLAND STATE DEPARTMENT OF HEALTH

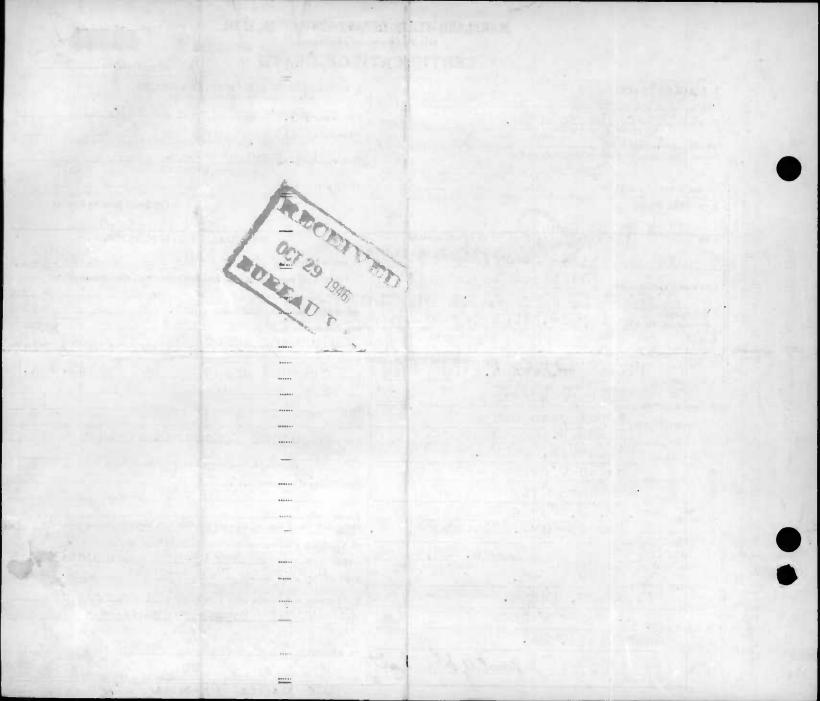
2411 N. CERTIFICATE OF DEATH

Charles	St.,	Baltimore	170-0



*		0	9	6	3	4	1
	Reg. I	Dist	. N	ło.			

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Allegany		7	
Cily or town Near Old Town (If outside city or town limits, w	Md.	State Pa. County Allegheny	***************************************
How long in above place of death?		City or town Wilkensburg (If outside city or town limits, write RURAL and give near	est town)
Hospital, institution, or street address where death or		Street No. 190 Spring Grove Road.	
		Street No. 1.3. C. D. L. T. L. C. C. T. C.	
How long in hospital or institution?		2.(a) If veteran, name war	
3. (a) FULL NAME		3. (b) Social Security N	umber
Wiles C We Verne		172-12-580	L A 1-1
Miles G Mc Kenne 4. Sex 5. Color or race B. (a	Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
			about
male white	Mailieu	20. DATE OF DEATH	
6.(b) Name of husband or wife Elizabe	th Vogtsberger	21. I CERTIFY that death occurred on the date above stated; that I attended decease	
	8,(c) If alive, give age		
7. Birth date of Moto 10		and that I last saw him aliDenad Oct. 23	19.4.6
accounted (mor) dayly		Immediate cause of death	abbut 40 min.
8. AGE: Years Months Day 37 5 4		Pulmonary hemorrhage	40 min.
9. Birthplace Pittsburg, P		oue to Crushed chest (about	5.50A.M
Orchard Wo	nd state)		·····
		Due to	***************************************
11. Industry or business Appalacian	Urchards		***************************************
el Willem I + W	CKANNAT	Other conditions Other fractures of body	
William G. M. Pittsburg,	Penna.		
Helen O'Br	ien	(Include pregnancy within 3 months of death)	
E 14. Maiden name	4	Major findings of operations	
Helen O'Br 14. Maiden name Helen O'Br 15. Birthplace New York Ci	<u> </u>	Dale of op.	
16. Informant Mrs. P. J. Joy 6736 Thomas Blv	ce	Autopsy results	····
6736 Thomas Blv	d. Pittsburg, Pa.	PHYSICIAN: Please underline the cause to which death should be charged s	tatisticaDy.
	Oct 28 1046	22. VIOLENCE: If death was due to external causes, fill in the following:	
Burial (Burial, cremation, or removal, Which?) Calvary Ce Cemelery or cremalory. Data to a burner and a b	e thereof Oct. 28, 1946 (month) (day) (year)	Accident, suicide, or homicideaccident Date ofO.C	t.23/46
Calvary Ce	m.	Where did faury occur, Paw Paw Hampshire	W.Va.
FILLIS OFF FER		(City or town) (County)	(State)
H. Wayne Ge		Injured at home, farm, industry, public place (where?) .Highway	
		Meens of Injury hit by a trucknjured at work?	no
Address Cumberland, Md		412 : 22	
	a call o m	23. SIGNATURE TO Doming M.D. of	other
19. 001, 75,19 46	mola Shauholt	Address Combulance , The Date signed.	
(Date rec d by registrar)	Registra		any Ua.



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH Dr. P. R. Wilson

2411 N. Charles St., Baltimore 131-20

CERTIFICATE OF DEATH

(19635) Reg. Diat. No.

County. Allegany. City or town. Westernport. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?. Hospital, institution, or street address where death occurred: 419 Maryland Ave How long in hospital or institution? 3. (a) FULL NAME Tames Aloysius Niland (For newborn intrats give residence of mother) State. Maryland County. Allegany. City or town. Westernport (If outside city or town limits, write RURAL and give nearest town) Westernport (If outside city or town limits, write RURAL and give nearest town) Street No. 419 Maryland Ave (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number 217-05-1121
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: 419 Maryland Ave How long in hospital or institution? City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 419 Naryland Ave (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
Hospital, Institution, or street address where death occurred: 419 Maryland Ave (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number
419 Maryland Ave How long in hospital or institution? 3. (a) FULL NAME Contract C
How long in hospital or institution?
Tomes Aloysius Niland 217-05-1121
James Aloysius Niland 217-05-1121 4. Sax 5. Color or race 6. (a) Singlé, married, widowed, or divorced MEDICAL CERTIFICATION
Male White Married 20. DATE DF DEATH October 9, 1946 19 31 11 p M
8.(b) Name of husband or wife
5.(0) Name of nusband of wife 18.46, to Back 9.19.
7. Birth date of and that I last eaw h. A. Jailve on A. J. J. S. J.
deceased (mo., day, yr.) April 15 1882 8. AGE: Teare Months Daye If less than one day UNRATION Character Months Daye If less than one day
9. Birthplace Piedmont-Mineral-W. Va. Due to.
10. Usual occupation Digester Cook Bue to
11. industry or business Pulp and Paper Will
13. Birthpiace Ireland
(Include pregnancy within 3 months of death)
14. Malden name. Mary E. Kelly 15. Birthplace Piedmont, W. Va. 15. toformant Mr. James Niland. Autopsy results.
15. Informant Mr. James Niland Autopsy results.
Address Westernport, M.d. PHYSICIAN: Please underline the cause to which death should be charged statistically.
22. VIOLENCE: tf death was due to external causes, fill in the following:
17. burial Date thereof 12. Oct 1946 (month) (day) (year) Date thereof (month) (day) (year) Accident, suicide, or homicide Date of
Cemetery or crematory Philos Cemetery Where did injury occur? (City or town) (County) (State)
Location Westernbort, Md Injured at home, farm, industry, public place (where?)
18. Funeral director. Ellsworth S. Boal Means of Injury Injured at work?
23 SIGNATURE OF LOCAL PROPERTY OF THE PROPERTY
19. Cct. 11 19 46 Handin ba Bor Mil Registrar Address Plannows Ko Date signed 10/11/46



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MARYLAND STATE DEPARTMENT OF HEALTH

241

1	N.	Charles	St.,	Baltimore	(14

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEA	Allegany			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Clan	nberland			Siate Maryland County Allegany		
(If or	utside city or town l	imits, write I	RURAL and give nearest town)	City or town Cumberland (If outside city or town limits		
How long in above place	of death?	lietim	e	(If outside city or town limits	, write RURAL and give ne	arest town)
nuspital, institution, of	street address where	#0914 0000110	d :	Street No. 123 West Second		
	***************************************			(If rurai, give		
How long to hospital or				2.(a) if veteran, name war		
3. (a) FULL NAME					3. (b) Social Security	Number
Mrs. (H	I.E.)Bla	nch N	orthcraft		1 None	- * 1
4. Ssx	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Female	white		married	2D. DATE OF DEATH Oct. 22	19.46	5.05P
6.(b) Name of husband	or wife H.E.	North	craft	21. I CERTIFY that death occurred on the date abo	ove stated; that I attended dec	eased from
		6.6	c) It alive, give ageyears	19		
7. Birth date of	r.) May 30,	1895	ey it allies, give age	and that I last saw her Dead Oc	t.22	19.46.
		Days	tt less than one day	Immediate cause of death		
8. AGE: Years	14	22	hrs. min.	Poisoning by lyso	1	one hr
e Rictholage Ct	umberland,	Md.	state)	Due to		
3. Bil tilpreco	(Town,	county, and	state)			
1D. Usual occupation	Housewil	е	•••••	Due to		
11. Industry or business						
	omas Troxe	11		Diber conditions		
12. Name The		Md.		Butter Constitution		
	Townish E	obinot	†o	(Include pregnancy within 3	months of death)	
E 14. Maiden name	Jermian r	CODTHE	te Md	Major findings of operations		
14. Maiden name			IWU	,	Date of op	
16. Informant H	.E. North	raft		Autopsy results	•••••	
	berland, 1	//d		PHYSiCIAN: Please underline the cause to w	bich death should be charged	statistically.
Addiess			0 1 05 301/	22. VIOLENCE: It death was due to external car	ises, till in the toilowing;	
17. Burial (Burial, cremation	or removel Which	Date the	reef Oct. 25, 1946 (month) (day) (year)	Accident, suicide, or homicide Suicid	Le Date of .O.C	t.22-46
(Buriar, Cremation	Hillcre	est Cem	16.	Where did injury occur?(City or town)		
Cemetery or crematory. Hillcrest Ceme.						
Location Cumberland, Md				Injured at home, tarm, Industry, public place (w		
18. Funeral director	Louis Ste	ein, Ir	nc.	Meens of injury	Injured at work?	
Address Cu	mberland,	Md			1117	1 2.7
10.			1 + 11. m. K	23. SIGNATURE H. V. Deming	I.D. A.V. NE	or other
19. Vet.	24, 1946	X	P. Sauklin M. D. Registrar	Address Cumberland	md	10-12/41
(Date rec'd by re	gistrary	(/	Registrar	Apperess		grand and the state of the part of

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

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legibly.

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

PLAINLY, WITH UNF. is especially important.

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

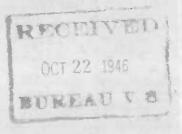
2411 N. Charles St., Baltimore 93-d

CERTIFICATE OF DEATH

Reg. Diat. No ..

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County ALLEGANY	state MARY LAND County ALLEGANY		
City or town	CIMPIPOT AND		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
MEMORIAL HOSPITAL	Street No. 207 FULTON STREET (If rural, give LOCATION)		
How long in hospital or institution? 11 DAYS	2.(g) If veteran, name war		
3. (a) FULL NAME	3.(b) Social Security Number		
PAULMAN, GEORGE	None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
MALE WHITE WIDOWED	2D. DATE DF DEATH OCTOBER 13 1946 31.3:35F		
6.(b) Name of husband or wife PAULMAN, MARY	21. I CERTIFY that death occurred on the date above stated; that i attended deceased from		
7. Birth date of	150pt. 19 46 10 17 Out 19 4		
7. Birth date of deceased (mo., day, yr.) DECEMBER 14, 1879	and that I last saw halive on/		
8. AGE: Years Months Days If less than one day	Immediate cause of death Durant Durantion		
67 9 29hrsmin.			
9. Birthplace NEW YORK (Elmira)	Due to Hyperlessi Here Risea ?		
1D. Usual occupation PHYSICIAN	a		
11. Industry or business	Due to		
質 12 Name Charles Paulman	Dther conditions		
12. Name Charles Paulman 13. Birthplace Germany			
14. Maiden name Julia Russell	(Include pregnancy within 3 months of death)		
14. Maiden name Julia Russell 15. Birthplace Elmira, N.Y.	Major findings of operations		
16, InformantMEMORIAL HOSPITAE	Antopsy results.		
Address CUMBERLAND, MARY LAND	PHYSICIAN: Please underline the caose to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following;		
Burial Burial Date thereof Oct. 16.194.6 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory St. Lukes Cem.	Where did injury occur? (City or town) (County) (State)		
Location Cumberland, Md.	Injured at home, farm, Industry, public place (where?)		
18 Funeral director Charles L. George	Means of Injury Injured at work?		
Address Cumberland, Md.	23. SIGNATURE W. A. Vin Oches M. D. or other Address // V. S. Centra St. Date signed / 5 port.		
01 100+110	23. SIGNATURE		
19. Och / (19 4 6) x Marklin, Marian (Date rec'd by registrar)	Address 110 S. Caste St. Date signed 15 ort.		

FOR BINDING MARGIN RESERVED



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

	2411 N. Charles St., Baltimore (4) CERTIFICATE OF DEAT	TH 4 09638 4	ł
1. PLACE OF DEATH: County	(For newborn info	NCE (HOME) OF DECEASED: softs give residence of mother) County County Side city or town timits, write RURAD and give nearest to (if rural, give OCATION)	J
3. (a) FULL NAME Eileen M	al Perkins	3. (b) Social Security Numb	er
Female White Si	d, widowed, or divorced	October 9 1946	6 a
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If let 10 10 24	give age years and that I last saw h.	occurred on the date above stated; that i attended deceased from the date of t	DURATI
9. Birthplace	Due to	smist Pausenia.	181
14. Maiden name X atterina Jr. 15. Birthplace Gulfrintown 16. Informant Mrs. James P.	Major findings of operations of Autopsy results of the Autopsy resul	tions	CO ically.
Cemetery or crematory. July 100 m.A.	(month) (day) (frar) Accident, suicide, or hom Where did injury occur?	h was due to external causes, fill in the following; nicide	
18. Funeral director	Means of injury	injured at work?	48

OCT 15 1945 RUBEAU VE

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Outside	OF MADVIAND STATE DE	EPARTMENT OF HEALTH
Citval in		es St., Baltimore 87-0 (963)
36 to 1	CERTIFICAT	TE OF DEATH Reg. Dist. No.
information carefully. The corr	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Eor hewborn infants give residence of mother) State
P In	3. (a) FULL NAME Sex 5. Color of race 6. (a) Single, married, wildowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
OR BINDING every item of ite the causes	6.(b) Name of husband or wife Dragstle Valentine	20. DATE OF DEATH 1946 at 3 P 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.35 to 6.86 ft.
F wr	7. Birth date of deceased (mo., day, yr.) Prof. 1, 1874 8. AGE: Years Months Days It less than one day hrs. min.	Immediate cause of death
ARGIN RESERVED FADING INK. Supr Physicians: please	9. Birthplace Commence on a control of the country and state of the commence of the country and state of the country and state of the country	Due 10. Comulsions Cent 2 was
MARGIN NFADING t. Physic	11. Industry or business 12. Name Jollen G. Peterman 13. Birthplace	Due to
WITH UNF important.	14. Maiden name many P miller and 15. Birthplace	(Include pregnancy within 3 months of death) Major fiedings of operations
PLAINLY, is especially	16. Interment Mrs. Henry F. Lerman. Address Cash Valley Pd. 17. Brand Date thereo Och 19. 46.	Actorsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
RITE PL.	(Burial, cremation, or removal. White?) Cemetery or crematory	Accident, suicide, or homicide
ASE WR	18. Funeral director avairs Stein One	Means of Injury Injured at work?
VS A.	19. Oct. 18. 19. 46 J. F. Franklin M. A. (Date rec'd by registrar)	23. SIGNATURE. My or other Address. Date signed. Date 1.7.

OCT 22 1946
BUREAU V 6

In hursay

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The sorrect is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B)

CERTIFICATE OF DEATH

09640

Reg. Diat. No.....

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11	
7	

1. PLACE OF DE			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:	
County	Alle	gany	(For newborn infants give residence of mother) State Maryland Coucty Allegany		
City or town	Cumber 1	and mits, write RURAL and give nearest town)			
How long in above place	of death?	76 Years	City or town	d. s, write RURAL and give nearest town)	
nospital, institution, or	Stiest 300tess where	geath occurred:	Street No. 117 North Alleg		
117	North Alle	gany St	(If rural, give	LOCATION)	
How long in hospital o	r institution?		2.(a) il veteran, name war		
3. (a) FULL NAM	E			3. (b) Social Security Number	
	Jame	s Reed		None	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	White	Widowed	20, DATE OF DEATHOctob	er 20 1946 31 5-30 Pm	
& (h) Name of husband	or wife Eli	zabeth Reed	21_L CERTIFY that death occurred on the date abo	ove stated; that I attended deceased from	
			July 1, 18	46,10 00 - 20 1946	
7. Birth date of		6.(c) If alive, give ageyears	and that I last sew h. A.M. alive on	0 0 11, 1946	
deceased (mo., day,			Immediate cause of death,		
8. AGE: Years	s Months	If less than one day	Semesty		
100	6	17hrsmin.	Cardia vas	culor	
a Rirthalana I	Beaver, Pa.	county, and state)	Due to reval d	128 028	
10. Usual occupation.	В	oatman	Que to		
11. Industry or busines	. C &	0 Canal	500 (0		
当 12. Name	Thor	as Reed	Other conditions		
12. Name		nknown			
		e Unknown	(Include pregnancy within 3		
14. Malden name.			Major findings of operations.		
15. Birthplace		land			
16. Intormant	Miss Ar	na Reed	Antopsy results		
		gany St, Cumberland, Md	PHYSICIAN: Please underline the cause to w		
			22. VIOLENCE: If death was due to external cal		
17 Burial Date thereot 10/23/46 (month) (day) (year)			Accident, sulcide, or homicide	Date of	
		lill Mausoleum	Where did Injury occur?(City or town)	(County) (State)	
			Injured at home, farm, industry, public place (w		
Location Cumberland, Md. 18. Funeral director William H. Kight			Means of Injury	Injured at work?	
18. Funeral director				(X	
Address	Cumberlar	nd. Md.	23. SIGNATURE	me mo	
19. UN &	3 19 46	J. P. Franklin, M. D.	address The de and G	M. D. or other	

OCT 30 1946 A MARKET IN THE SECOND OF THE Old Section 1975 THE PART OF THE PARTY side a clered with

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH



1. PLACE OF PEATH:	2. USUAL RESIDENCE (HOME) OF	DECEASED:
County Management	State maryland County	allina
(If outside city or town limits, write RURAL and give nearest town)	1 Co. 1	1//
How long in above place of death?	City or town(If outside city or town limits,	write RURAL and give nearest town)
Hospital, institution, or street addreas where death occurred:	Street No. 907 Virginia	a are
401 Magno WO.	of rural, give I	OCATION)
How long in hospital or Institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Wrentha Renn	oldo	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced from the market	MEDICAL CE	RTIFICATION
6.(b) Name of huaband or wife Victor Peynolds	21. I CERTIFY that death occurred on the date above	e atated; that I alfended deceased from
5. (c) if alive, give age years 7. Birth date of	and that I last azw h. E.Lailve on O.C.	725 19 46
deceased (mo., day, yr.) U Ch 21, 1095	Immediate prese of death	DURATION
8. AGE: Yeara Months Das It less than one day	Central Himo	uby & 3 km
Perma	Date Bate Laborer	- 4
9. Birthplace	the last series	ت و کار کار
10. Usual occupation. Attasses	Dua fo.	
11. Industry or business	oud to	
E 12. Hame It sthin Jall	Other conditiona	
≥ 13. 8irthplace	(Include pregnancy within 3 m	onths of death)
14. Malden name	Major findings of operations.	
15. Birthplace		
16. Interment Ino Prairie Den	Antonsy results	
	PHYSICIAN: Please underline the cause to whi	ch death should he charged statistically.
Address Cumberland	22. VIOLENCE: It death was due to external caus	
(Burial, cremation, or remgyal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide	Date of
Cemetery or crematory Hellerish Cum.	Where did Injury occur?	(County) (State)
lemake le al	Injured at home, farm, Industry, public place (who	
Location	Maana of Injury	Injured at work?
18. Funeral director AD MAS SUMS SUMS	014	
Address Cumberland	NM nt	
Oat 28 +1 & traise mis.	23. SIGNATURE	M. D. or other
(Date rec'd by registrar) Registrar	Address 101 to Captur	Date signed S. C. S.C.

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2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH



09642 Reg. Dist. No.

	NOS. DISC. TO THE METERS OF THE PROPERTY OF TH
1. PLACE OF DEATH: (1000000000000000000000000000000000000	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant) give residence of mother)
County To at A so	State Marulled County Cllegacy
(If outside city or town limits, write RUKAL and give nearest town)	City or town
How long in above place of death?	
163 makle Sk	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
John Jorgen Wa	mone
4. Sex 5. Chior or race 6. (9) Single, marked, widowed, or divorced	MEDICAL CERTIFICATION
male while 18) willed	20. DATE DF DEATH 3 19 46 at 7 1
6.(b) Name of husband or wife. Naisy Rodda	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	and that I last saw have alive on Judy 1945
7. Birth date of deceased (mo., day, yr.) February 29 1871	Immediain cause of death
8. AGE: Years Months Days If less than one day	Coronary Trombais Sudden
5hrsmin.	
9. Birthplace Thatture allegacy Ma. (Toyln Jeounty, and State)	Due to Seneral Seneral
1D. Usual occupation Netered	gas gas
11. Industry or business merchant	Due to
	Other conditions.
12. Name 1. athers	(Include pregnancy within 3 months of death)
14. Maiden name and Tick	
14. Malden name	Major findings of operations
16. Informant Mrs Dohne Rolda	Autopsy results
Address Friethung md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1/9nt 2 1911	22. VIOLENCE: It death was due to external causes, till in the following:
17 Bate thereof (month) (day) (year) Cometers or crematers	Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur?
Location Location Location	Injured at home, tarm, Industry, public place (where?)
1B. Funeral director	means of tiper?
Address Trestlying Ma	23. SIGNATURE TOTAL TENNER, MA
19. 10 - 7 19.46 Mus Haway H tree	M. D. or other
(Date rec'd by registrar) Registrar	Address Dat Villa (Date signed 10-)-46

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

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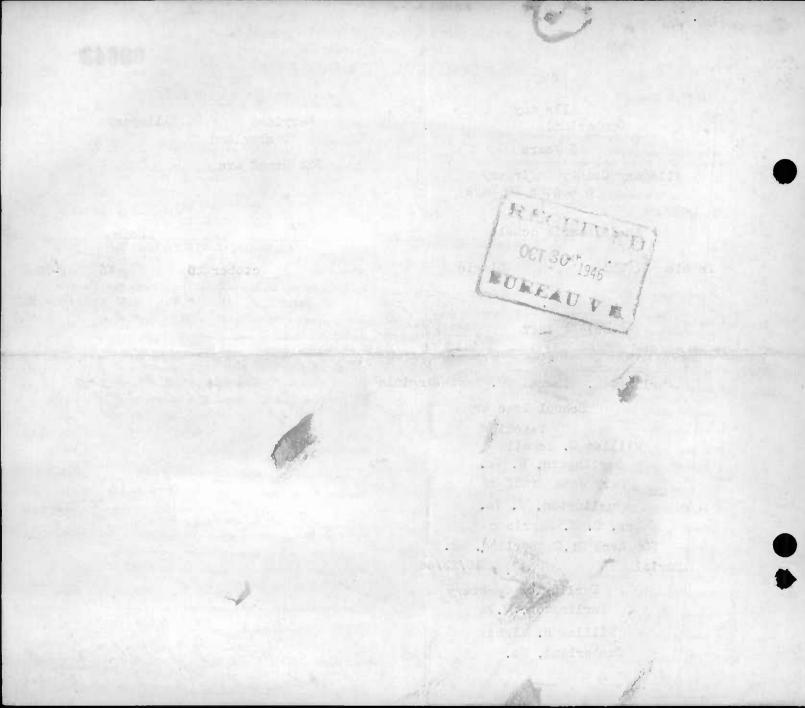
	CERTIFICA	TE OF DEATH	Reg. Diat. No.		
1. PLACE OF DEATH:	llegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
		State Maryland County Allegany			
(If outside city or town I	and inits, write RURAL and give nearest town) Years	City or town Cumberland (If outside city or town limits			
Hospital, Institution, or street address where	death occurred: y Infirmary	Street No. 322 Grand Ave	I OCATION)		
How long in hospital or institution? 8 M	onths 20 Days	2.(a) tf veteran, name war			
3. (a) FULL NAME			3. (b) Social Security Number		
	rie Schell				
4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CI	None		
		MEDICAL CI	ERTIFICATION		
Female White	Single	20. DATE DF DEATHOctober 2	6 19.46 21 9-30 Pm		
		21. I CERTIFY that death occurred on the date abo	ove stajed; that I attended deceased from		
		1-31- 19	46,10 10 - 70-1946		
			0: 19: 19.46		
7. Sirth date of deceased (mo., day, yr.) July	6 1862				
8. AGE: Yeare Months	Days If less than one day	Immediate cause of death	DURATION		
2984 3	14 hrs min	Kenerali	ed		
(Town	ineral Co, West Virginia county, and state)	Due to Auto	sela, sis		
10. Usual occupation	hool Teacher	Due fo.	0		
11. Industry or business	Teaching				
置 12. Name William G	. Schell	Dither conditions			
	cton, W. Va.				
		(Include pregnancy within 3	months of death)		
H 14. Maiden name Mary Ja	ne bradiord	Major findings of operations	Due.		
14. Maiden name Mary Ja 15. Birthplace Burling	cton, W. Va.		Date of op		
16. Informant Mrs. T. E	. Morrison	Autopsy results. PHYSICIAN: Please underline the cause to w	hich death should be charged statistically.		
Address 305 Arch St	. Cumberland, Md.	22. VIOLENCE: If death was due to external cau			
17. Burial (Burial, cremation, or removal, Which)	Date thereof	Accident, suicide, or homicide			
	ington Cemetery	Where did injury occur?(City or town)	. (County) (State)		
Location Burli	ngton, W.Va		here?)		
18. Funeral director	m H. Kight	Means of Injury	Injured at work?		
	and, Md.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Allians		
19. (Date rec'd by registrat)	J. P. Franklini, M. Registra	23. SIGNATURE	Paul Date signed 10.21.46		

MARGIN RESERVED FOR BINDING

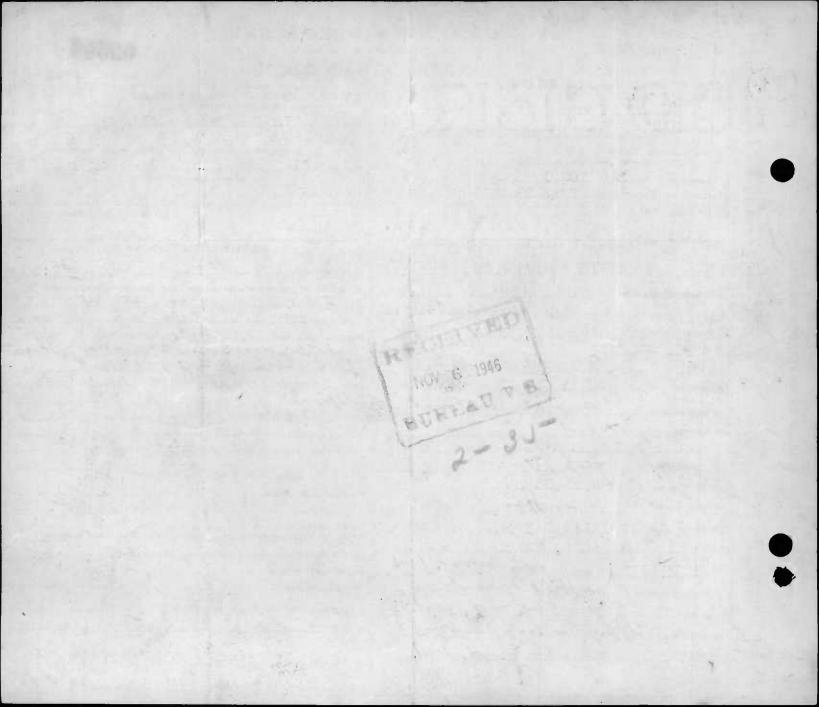
NFADING INK. Supply every item of information carefully nt. Physicians: please write the causes of death clearly and

WRITE PLAINLY, is especially

PLEASE



Within corporate limits MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore Reg. Dist. No.4 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn intents give residence of mother) County ALLEGANY Siate MARYLAND Couply ALLEGANY Cliv or town CUMBERLAND (If outside city or town limits, write RURAL and give nearest town) CUMBERLAND (If outside city or town limits, write RURAL and give nearest town How long in above piace of death?...... Hospital, institution, or street address where death occurred: 610 GREENST. MEMORIAL HOSPITAL (If rural, give LOCATION) How long in hospital or institution? TWENTY DAYS 3. (a) FULL NAME 3. (b) Social Security Number 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION MALE MARRIED 20. DATE OF DEATH OCTOBER 25 19.46 at 9:30 M 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 8.(b) Name of hueband ar wife VIOLA SEAR 6.(c) It alive, give age .. 54 deceased (mo., day, yr.) If less than one day 8. AGE: Days RESERVED 56 & Birthniaco PENNSYL VANTA (Town, county, and state) to. Usual occupation. 11. Indusiry or business 13. Birthplace (Include pregnancy within 3 months of death) t4. Maiden nat Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; PLAI Accident, suicide, or homicide..... Where did injury occur?(City or town) WRITE (County) Injured at home, farm, Industry, public place (where?) Meons of Injury Injured at work? EASE & Of Weisman 14 Address



2411 N. Charles St., Baltimore 900

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Reg. Dist. No......

CERTIFICATE OF DEATH

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or town	State County adjacing
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Streel No. 337 Uty View Jana
339 City View Jerroce	(1) rural, give LOCATION) 2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
George Shipper	- Mone
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Divoiced	20. DATE DE DEATH 0 2 29 19.46 at 7:20A
6.(b) Name of husband or wife Couroline Richer	21. I CERTIFY that death occurred on the date above spaced: that intended deceased trans-
T. Birth date of	and that I last saw here on act /
deceased (mo., day, yr.)	Immedia death DURATION
8. AGE: Years Menths Days If less than one day 73 4 21	Mronic Myocarditis (year
9. Birthplace Jones Springs, Berkeley Co, W. K.	Due to
10. Usual occupation. Retired Conductor	Due to
11. Industry or business 12 4 0 Callroad	
13. Birthpiace Germanis	Other conditions (Menuosciurosci)
E Palace Radada	(Include pregnancy within 3 months of death) Major findings of operations.
15. Birthplace Culsuown	Oate ot op.
16. Informant Win J. Shipper	Autopsy results
Address 339 Gily View Levace, will	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal. Which?) Bate thereof. (month) (day) (year)	Accident, suicide, or homicide,
Cemetery or crematory Hedges ville Cometery	Where did Injury occur?
Location Hedgesville W. Va.	Injured at home, farm, industry, public place (where?)
060 260.	Means of injury Injured at work?
Address Canales Land Wird	PA o Trevaskis de Ma
() a/c 3/ //	23. SIGNATURE M. D. or other
19. (Date ree'd by registrar) Registrar	Address Sewberland, The Bate signed 29-4

information carefully. The ADING INK. Supply every item of Physicians: please write the causes FOR BINDING MARGIN RESERVED WITH UNF/ PLAINLY, vis especially

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	2411	N.	Charles	St.,	Balti	more	80-8)
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D. Die N.

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)
County Allegany	A A A
City or town	State Mary and County Allegany
	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Memorial Hospital	Street No. 428 Green ST. (If rural, give LOCATION)
How long in hospital or institution? 3 weeks	2.(a) If veteran, name war.
3. (a) FULL NAME	
	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	lote
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fenzle White Widowed	20, DATE OF DEATH 20 19/6 at M
6.(6) Name of husband or wife Harvey R. Shives	21. I CERTIFY that that the part occurred on the date above stated; that the endedning eased from
	Jeff 25 1916 184/2 1846
7. Birth date of	and that last saw he alive on 2 12 14 19 19
deceased (mo., day, yr.) Nov. 1816	Immediate came of death
8. AGE: Years Months Days If less than one day	
69 11 11hrsmln.	majnams
9. Birthplace Rolyers ville Wash, Co., Md.	Due to
10. Usual occupation. Housewife	
	Due to
11. Industry or business	
12. Name Charles Rice 13. Birthplace New York	Diher conditions
	(include pregnancy within 3 months of death)
14. Malden name S. V. San Na Cyley 15. Birthplace Wash. Co. Md.	(Include pregnancy within 3 months of death)
E I Maluci Maluc	Major findings of operations.
\$ 15. Birthplace Wash. Co., Md.	Date of op.
16. Informant Mys. Mabel Foley	Autopsy results.
Address 428 Green St. Cumberland.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal, Which?) Date thereof. Oct 5 1944 (month) (day) (year)	Accident, suicide, or homicide
Cometery or cremalory Shives Cemetery	Where dld injury occur?
	Injured at home, farm, Industry, public place (where?)
Location Limber Ridge (NEAT Hancock, Md.)	
18. Funeral director Charles R. Bast	Meens of Injury Injured at work?
Address Hancock Md.	Mulli: 2
0 1 1 100 11 11	23. SIGNATURE M. D. or other
(Date ree'd by registrar) (Date ree'd by registrar) (Date ree'd by registrar)	Address

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

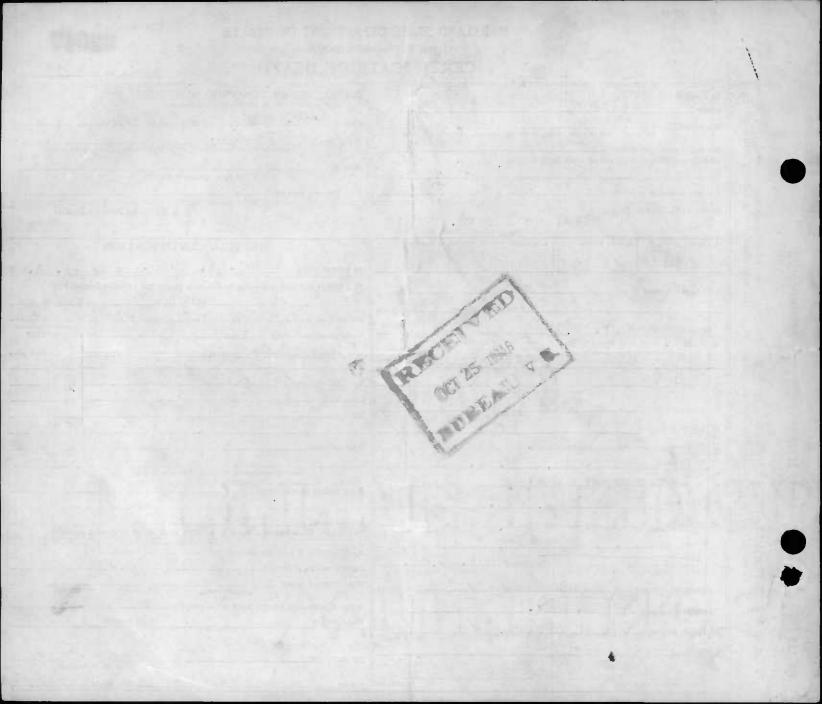
2411 N. Charles St., Baltimore 159-6)

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		100	CERTIFICA	TE OF DEATH Reg. Dist. No	2			
How long in above place of Hospital, Institution, or s	Dawson Dawson Italide city or town lin of death? Street address where of	nits, write R	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn lufants give residence of mother) Slate				
3. (a) FULL NAME		Mae S	Shreve.	3. (b) Social Security I	Yumber			
Female 6.(b) Name of husband c	5. Color or race White	Sin	e, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH Oct. 24, 1946. 19 21. I CERTIFY that death occurred on the date above stated; that I attended decea	sed from			
7. Birth date of deceased (mo., day, yr. 8. AGE: Years) If alive, give ageyear	and fhat I last eaw h	9 4 4 5 DURATION			
9. BirlhplaceDav 10. Usual occupation 11. Industry or business	VSON]	5 Id.	tate) min.	Bue to Due to	1-2 day			
13. Birthplace 14. Maiden name 15. Birthplace	Hazel Cumberla	Lowis	Md.	Dither conditions				
Address R.F.D. 3 Keyser, W. Va. 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Dawson Cemetery Location Dawson, Md.			of Oct. 25, 46 (mouth) (day) (year)	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged at the control of the color of the color of the color of the cause to which death should be charged at the color of the causes, fill in the following: Accident, suicide, or homicide	statistically.			
18. Funeral director	None in a	charg	Ernest Kees d ANShar Bay M.D. Registras	23. SIGNATURE 2m \$ Do Faulou M. D. o				

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legitary MARGIN RESERVED FOR BINDING

correct age



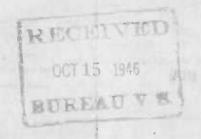
2411 N. Charles St., Baltimore 4920

CERTIFICATE OF DEATH

	()	3648
1	Diat.	No4

1. PLACE OF DE	All	egany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town			State Maryland Cou	uoty Allegany	
		mits, write RURAL and give nearest town)	Cumberla		
Hospital, Institution, o	r street address where t	feath occurred:		St.	
129 G	reene St.		(If rural, give		
How long in hospital o	or institution?		2.(g) If veteran, name war		
3. (a) FULL NAM	IE /			3. (b) Social Security Number	
		ra Ethel Simons		None	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Female	White	Single	2D. DATE OF DEATH	5, 19.46 at / 138R M	
e (b) Name of hunband	t or wife		21. I CERTIFY that death occurred on the date abo	ove stated; that Lattended deceased from	
			Sept 1	46,10 0 5 1946	
7. Birth date of	Nov		and that I last saw halive on	19 46	
8. AGE: Year		Days 11 less than one day	Immediate cause of death		
46	10	7hrs,min	Or no i to reserve		
Mears Cin		Utogan Wount md	and Catornoma	dovance ?	
9. Birthprace	(Town,	county, and state)	Due to		
10. Usual occupation.	Housewo	rk// // /	Due fo.		
11. Industry or busines					
12. Name		. Simons	Dther conditions		
		Valley, Pa.	(Include pregnancy within 3 i	months of death)	
14. Maiden name 15. Birthplace	Mary L.	Rice	Major findings of operations.	Amal Obstruction	
15. Birthplace	Bedford	Valley, Pa.	(Colostony)	Bate of op Dec 1/45	
16. Informant	lrs. Charl	es Cole	Autopsy results.	/	
Address 208	Maryland	Ave. Cumberland Mc	PHYSICIAN: Please underline the cause to w		
		,	22. VIOLENCE: If death was due to external cau		
	n, or removal, Which?)			Date of	
Cemetery or cremat		rest Burial Park		(County) (State)	
Location	Cumbe	rland, Md.	Injured at home, farm, Industry, public place (w	where?)	
18. Funeral director	Charles	L. George	Meens of Injury	Injured at work?	
Address		and, Md.	1. 1. 1.	unkin Min	
	1	00+11	23. SIGNATURE.	M. D. or other	
19. (Date rec'd by re	egistrar)	X. J. Wankun M. Registra	Address 115 0 S. Cle	the St Date signed Oct 7/4	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conject age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

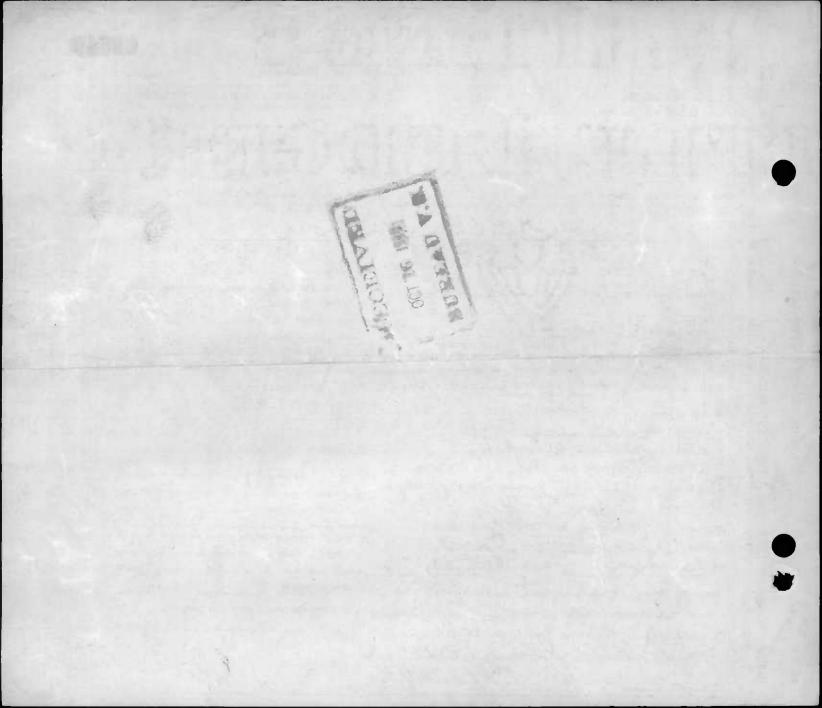


2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Allegony	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
- / 4 /	State Md County Allegony
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war Warld War II
3. (a) FULL NAME Leroy Wallace -	Sindy 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
The la White married	Det 21 11 2:200
made to acce	20. DATE OF DEATH Oct 21 19 46, 21. 3: ZOAM
6.(6) Name of husband or wife Coatherine Ciles	21. LCERTIFY that death occurred on the date above stated; that I attended deceased from
	March 1 1976 10 Och 4 10 9
7. Birth date of	and that I last saw halive on
7. Birth date of deceased (mo., day, yr.) and 31, 1915	Immediair cause of death DURATION
8. AGE: Years Months Days If less than one day	Surroum of lefich 23cm
31 1 20hrsmin.	
2.1 -0 - 11 V	
9. Birthplace (W. County, and state)	Due to
500000	
1D. Usual occupation.	Due to
11. Industry or business Cetanese Corps	
12. Name John Single	Other conditions.
ALL SON AIR DE	
2 13. Birthplace Work Like	(Include pregnancy within 3 months of death)
14. Malden name Pear & Jan Suyders 15. Birthplace Cresafologon, Ma.	Major findings of operations.
5 15 Rithplace (September) Way	light attack Bate of op March 1, 34
The printing of the printing o	
16. Informant	Antopsy results
Address (resuptown ourd.	
10 10 10 10 192 1946	22. VIOLENCE: If death was due to external causes, till in the following;
(Burial, cremation, or removal, Which?) Date thereof. (month) (day (year))	Accident, suicide, or homicide
Cemetery or crematory Fillcrest Courellery	Where did Injury occur?
9.00	Injured at home, farm, Industry, public place (where?)
Location	
18. Funeral director to the state of the sta	Msens of Injury Injured at work?
The state of the s	(Ma MI)
Address Subublicang foliago	23. SIGNATURE W//MS///
" WHILL " WALD WINNING V	M. D. or other
(Date need by periatron) Registron	Address 07 Men / Bate signed - 23



2411 N. Charles St., Baltimore (%)

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CERTIFICAT	E OF DEATH Reg. Diat. No.			
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State			
3.(a) FULL NAME BETTY LEE SMITH	3. (b) Social Security Number 220-10-9437			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced S .	MEDICAL CERTIFICATION 20. GATE OF DEATH. October 1 1946 ,at 3 P.			
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from SEpt 23 19.46 to Oct 1 19.46 and that I last saw h. & alive on Oct 1 3 PM 19.46 Immediate cause of death BURATION 3 Mos			
9. Birthplace	Due to Cause unknown. Refer to University Hospital Records Baltimord, Maryland. New osurgical service under Dr. J. Harrol Other conditions. Home and the service under Dr. J. Harrol (Include pregnancy within 3 months of death)			
14. Malden name Grace Clauson 15. Girthplace Maryland 18. Informant Allegany Hospital Address 215 Decatur St., Cumberland, Md.	Major findings of operations			
Burial (Burial, cremation, or removal. Which?) Cemetery or removal. Rose Hill Cumberland, Md Harvey H. Zeigler	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide			
18. Funeral director Harvey II. Zergier Address 19. (Del. 3, 19.46 J. F. Tranklen, M. D., Registrar)	Means of Injury Injured at work? 23. SIGNATURE RW Trevaskis M. D. or other Address 220 Balto Ark, Cumberland, Bate signed 10-3-40 M. D. or other M. D. or other			

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING WRITE PLAINLY, PLEASE

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DR. WILSON

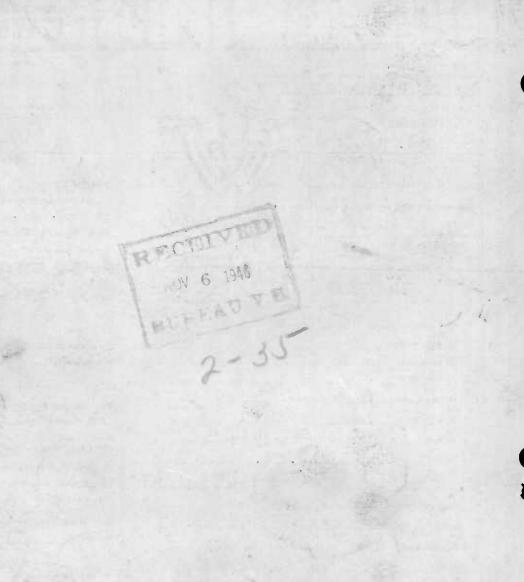
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /22-6



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CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) Slate MARYLAND County ALLEGANY City or town FROS TBURG (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, nama war. 3. (b) Social Security Number
MRS. HELEN SMITH	mone
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE MARRIED	2D. DATE OF DEATH. OCT , 29 , 46 12:50 PI
6.(b) Name of husband ar wifa. JAMES H. SMITH 6.(c) If alive, give age 49 years 7. Sirth date of deceased (mo., day, w.) DECEMBER 22, 1900 8. AGE: Years Months Days If less than one day 45 / 0 7 hrs. min. MARYLAND 9. Sirthplace	Immediate cause of death for least of DURAPHON
11. Industry or buainaaa	Diher conditions
13. Birthplace Maryland 14. Maiden name Rebecca Folk 15. Birthplace Maryland 16. Informant MEMORIAL HOSPITAL	(Include pregnancy within 3 months of death) Major finding of operations
Address CUMBERLAND MD.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Berial Date thereof Nov. 2, 1946 (Burial, cremation, or remova). Which?) Cemetery or crematory Northura mal 18. Funeral director Address 19. Oct. 21, 1946 Date thereof Nov. 2, 1946 (month) (day) (year) Chaels 18. Funeral director Address 19. Oct. 21, 1946 Date thereof Nov. 2, 1946 Those thereof N	22. VIOLENCE: If death was due fo external causes, fill in the following; Accident, suicide, or homicide



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

- Outside	of	MARYLAND STATE DE	PARTMENT OF HEALTH	
Cisco	nits		s St., Baltimore 131-6	L 119659
City Li	ill W	CERTIFICAT	E OF DEATH	X 10006 4
M 2 /		021(11110111		Reg. Dist. No.
	1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:
1 he	County allegan	C. J. J.	P.	Cumberland
V.	City or town. M. as a 1 Coal 7.		P - 0 - 0 -	017
information carefully. The of death clearly and legibly.	How long in above place of death?	us		, write RURAL and give nearest town)
aref	Hospital, Institution, or street address where doch occur	urred:	Street No.	TOGATE AND
n ca lea	How long In hospital or Institution?		(If rural, give 2.(a) If veteran, name war	LOCATION
tio h c	3. (a) FULL NAME	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2.(3) Il felciali, fiame wal	2 /3 / 5 · 1 C · 1 N 1
rma	S. (a) PULL NAME	R10.0	8 1	3. (b) Social Security Number
of d	4, Sex 5. Color or race 6.(a)S	ingle, married, wildwed, or givorced	emilia.	gone
- 1	1. 1.	7	MEDICAL CI	ERTIFICATION
NDING tem of causes	male white	married	20. DATE OF DEATH October	8 19.46 at 9:15 P. W
BINDING ry item of the causes	6.(b) Name of husband or wife. Dene	Baker	21. I CERTIFY that death occurred on the date abo	
OR BIN every it ite the		6.(c) If allve, give age 24 years	01,7-	10 0 0 7 7 19
FOR y eve	7. Birth date of deceased (mo., day, yr.)		and that i fast saw halive on	1975
	8. AGE: Years Months Days	If less than one day	Immediate cause of death	DURATION DURATION
ARGIN RESERVED FADING INK. Supp.	89 11 12	brsmin.	1 . 1	1
RV.	P. O. O. C.	Da. Jan DO Pa	nefmit -	(mancis 39m
RESEIG INK.	9. Birthplace (Town, coupty, a	nd state)	Due to	
RI G I	10. Usual occupation / Blacks	mill	Busto Ovgun is 14	end wrom 34
RGIN ADIN(Physic	11, Industry or business Own 19	usineso.	00010	
RG AD Ph	12. Name Simon S.	Smith	Other conditions out ag-	<u> </u>
MA NE	12. Name Survey S. 13. Birthplace Glenns	any		
WITH UNI		Vousteles	(Include pregnancy within 8	months of death)
WITH	14. Maiden name Colonia Coloni	. 0.	Major fiediogs of operations	•••••••••••••••••••••••••••••••••••••••
- 1	2) 15. Birthplace	and .		Date of op
ally,	16. Interment	ratalister	PHYSICIAN: Please orderline the cause to w	hich death should be charged statistically.
AINLY, especially	Address & 7 13 /30/ 26	o- Cumb. Max.	22. VIOLENCE: If death was due to external cau	
LA]		thereof 0 ct 11, 1946	Accident, suicide, or homicide	
PI is e	(Burial, cremation, or removal, Which?)	(month) (day) (year)	Where did Injury occur?(City or town)	
5-15	Cemetery or crematory	P		
9.45-	Location Callaboration	Jan ()	Injured at home, farm, Industry, public place (w	Injured at work?
	18. Funeral director.	· Apple	Means of Injury	Injured at work?
A15	Address Cemberla	nd. Md.	· Must A	(one
VS A15 PLEASE	(Oak 10 111)	Pto 11: mn	23. SIGNATURE	M. D. or other
D 4	(Date rec'd by registrar)	Registrar	Address Curretes June 1	Date signed DG 116

den Knoza

RECEIVED

OCT 15 1946

BUREAU V B

CERTIFICATE OF DEATH

Allegany

Reg.	Diat.	No

Cilla		EPARTMENT OF HEALTH 19653
City Eim		ΓΕ OF DEATH Rog. Dist. No.
OR BINDING every item of information carefully. The correct the causes of death clearly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
nat	3. (a) FULL NAME	3. (b) Social Security Number
de	Charles J. Soethe	214-07-1712
in	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
INC 1 of	male white married	20. DATE OF DEATH Oct. 14 19. 46 21 8.35A M
FOR BINDING ly every item of write the causes	8.(b) Name of husband or wife Prangersh Prace 7. Birth date of Second S	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
FO.	deceased (mo., day, yr.) Sang 1,18 77	Immediate cause of death.
	8. AGE: Years Months Days If less than one day	Chronic endocarditis several
Su Su leas	69 5 13min.	years
MARGIN RESERVED NFADING INK. Supp nt. Physicians: please	9. Birthplace	Due to
MAR UNFA	12. Name triderich Sotthe	Dther conditions
MITH UN important	14. Malden name. Anna Instry 15. Birthplace Upen pun.	(Include pregnancy within 8 months of death) Major fiadings of operations
ILY, V	16. Informant Suro Louis Grantin	Antopsy results
PLAINLY, is especially	17 Bankal Bate thereof Oral 17 446 (Burial, cremation, or remogral, Which?)	22. VIOLENCE: tf death was due fo external causes, fill in the following: Accident, suicide, or homicide
9.45-1 WRITE 1	Cemetery or crematory St. Letter + Cambo Com	Where did injury occur?
9.4 WR	Location Comments Comments	Injured at home, farm, Industry, public place (where?)
6	18. Funeral director Arma Alexan Inc.	Meens of Injury Injured at work?
EA LA	Address lo umberland	23. SIGNATURE H. V. Deming M. D. W. C. Saming M. D.
VS	19. Obto per d by poristrar) 19. 4 6 X. Mauklin, M. Date per d by poristrar	Address Cumbriland md Date street Out 14/46

coputy Medical Examiner

OCT 22 1946

W

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-0

CERTIFICATE OF DEATH

096544 Reg. Diat. No.

1. PLACE OF, DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	state Tud county allogary
(If outside city or town timits, write RURAL and give nearest town)	F. Hung
Now long in above place of death?	(if outside city or town limits, ware RURAL and give nearest town)
Fort Cumberland Fotel	Street No. 7 W. Man St. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Washing	3. (b) Social Security Number
The trace	lon Tone
4. Sex 5. Color or race W. 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Famale Hereso Dingle	20. DATE DE DEATH. October 4, 1946 21 7 P. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age	February 5 1944 to October 4 1946
7. Birth date of	and that I last saw h It alive on September 26 18 46
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediaie cause of death
67 7 /2mig.	Central Structural 5min.
7 14 200	Here Knain
(Town founty, and state)	Due to Alar derverely
10. Usual occupation Susuless Woman	nemal Desire 12 years
11. Industry or business Own Jusiness	
12. Name Persard Stern 13. Birthplace Hungary	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Dda Weinder 15. Birthplace Baltimore, Maryland	// Major findings of operations
15. Birthplace Baltimore, Maryland	Date of op.
18. Interment Loraine Eisenberg	Antopsy results.
Address 823 Windson Toad Cumb Ma	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Bural Date thereof Oct 6, 1946	22. VIOLENCE: If death was due to external causes, till in the following;
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, sulcide, or homicide
Cemetery or crematory East View Cemelery	Where did injury occur?
Location Cumberland IIId	Injured at home, farm, industry, public place (where?)
18. Funeral director John J. Haker	Means of Injury Injured at work?
Address Casaloga and .	At and her
0.T.1. (11 0 0 t 11 Sm)	23. SIGNATURE M. D. or other
19. October 6, 1976 X.I. Trauklin, M.A.	Address 11 - A Lossian My Bate signed 10/5/46

RECLAND OF SUREAU V

DR. ENFIELD

MARYLAND STATE DEPARTMENT OF HEALTH

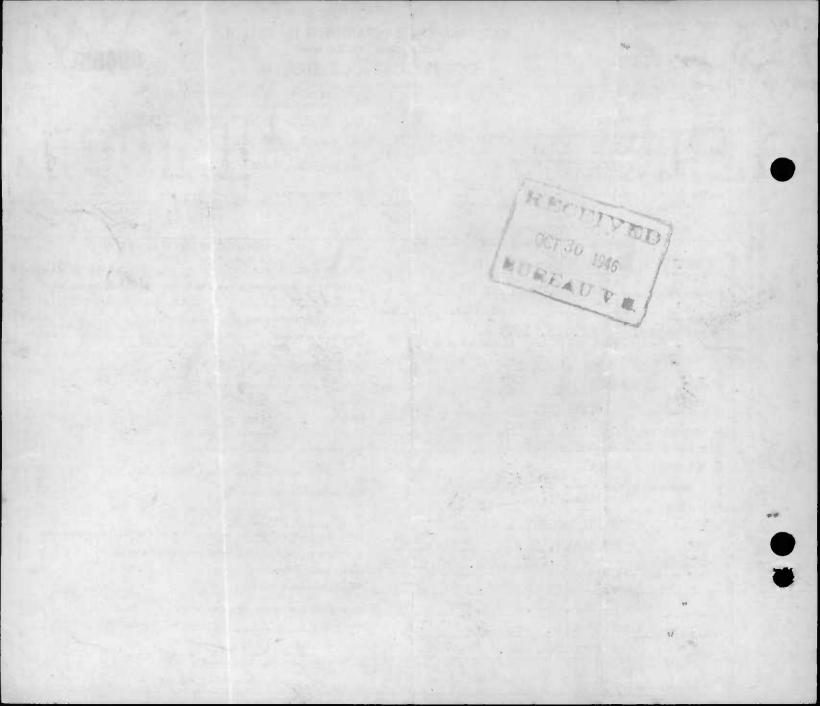
2411 N. Charles St., Baltimore 400

CERTIFICATE OF DEATH

09655 4

	108. 2120. 1101
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County ALLEGANY CUMBERIAND	MARYLAND CAUSE ALLEGANY
(If outside city or town limits, write RURAL and give nearest town)	CHMBERTAND
How long In above place of death?	Clly or town
Hospital, Institution, or street address where death occurred: MEMORIAL HOSPITAL	street No. 58 BOONE ST.
How long In hospital or Institution? 1 DAY	(If rural, give LOCATION)
3.(a) FULL NAME	3. (b) Social Security Number
MR. HUGO A. TASCHENBERGER	705-05-4539
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE MARRIED	20. DATE OF DEATH OCT . 20 1946 21 6:45 A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	e et 29 19 % 10 0 el 20 19 8 6
7. Birth date of	and that I last sawh alive on 195
deceased (mo., day, yr.) OCT 15, 1879 8 AGE: Years Months Days It less than one day	Immediaio cause of death DURATION
o. Aug.	Cleud Mills
	Corners.
9. BirthplaceGERMANY (Town, county, and atste)	Due to
10. Usual occupation PIPE FITTER	a sugar
D o Chang	Que to.
11. Hunzity of Business	
置 12. Name CARL TASCHENBERGER	Other conditions
₹ 13. Birthplace GERMANY	(Include pregnancy within 8 months of death)
14. Maiden name KAUMMER, Agusta GERMANY 15. Birthplace	Major findings of aperations.
GERMANY	major indings in inperatural. Date of op.
16, Informant MEMORIAL HOSPITAL	Antopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address CUMBERLAND, MD.	22. VIOLENCE: If death was due to external causes, till in the tollowing:
Burial (Burial, cremation, or removal, Which?) Bate thereot Oct. 22, 19 (month) (day) (year	Accident, suicide, or homicide
Hillcrest Cem.	Where did Injury occur?
Cemetery or crematory	
Cumberland, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Charles L. George	Means of Injury tinjured at work?
Address Cumberland, Md.	1 Surgel
01 1100-110	23. SIGNATURE M. D. or other
18 Och 77 18 46 S. Wanklin, M.	gistrar Address combelletely Date signed 10 R Hy
()	

PLEASE



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

09656

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Allegany	State Md County 17/12 gany
City or town. (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 3.2 Veor	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Route
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Jay Teter	And
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. W Married	
7477.23	20. DATE DE DEATH. October 10 1946, 21 2:10 P. M
5.(b) Name of husband or wite Lena Hyre Teter	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 4 910
7. Birth date of	and that I last saw harmalive on 19
deceased (mo., day, yr.) 7794 21 1873	Immediate cause of death.
8. AGE: Years Months Days If less than one day	and the second
73 4 19hrsmln.	
Pandleton Co. W. Va.	Due to transfer 6 mgs
9. Birthplate Penaleton Co., W. Va. (Town, county, and atate)	
10. Usual occupation Farmer	Due to.
11. Industry or business Own Farms	500 (0
	Dther conditions
12. Name Tacob S. Teter 13. Birthplace Pendleton Co., W. Va.	
	(Include pregnancy within 3 months of death)
14. Maiden name Sadie E. Lantz	Major findings of operations
2 15. Birthplace Pendleton Co., W. Va.	Dale of op.
16 Informant Clarence Teter	Antopsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Tet. 1, Old town, Md	22. VIOLENCE: tt death was due to externat causes, fill in the following;
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Old town Methodist Cometery	Where did Injury occur?
7	
Location Old town, 17d	injured at home, farm, industry, public place (where?)
18. Funeral director to has I to fee	Means of Injury Injured at work?
Address Combuland Tyd.	le la fina
AUGUESS CHANNELL AND DEL	32. SIGNATURE
19. (Date rec'd by registrar) 19. (Date rec'd by registrar)	Dembuland 18-12-4.6
(Date rec'd by registrar) Registrar	Address

OCT 17 1946 RUREAU WITH UNFADING INK. Supply every item of information carefunderiant. Physicians: please write the causes of death clearly a

PLEASE WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

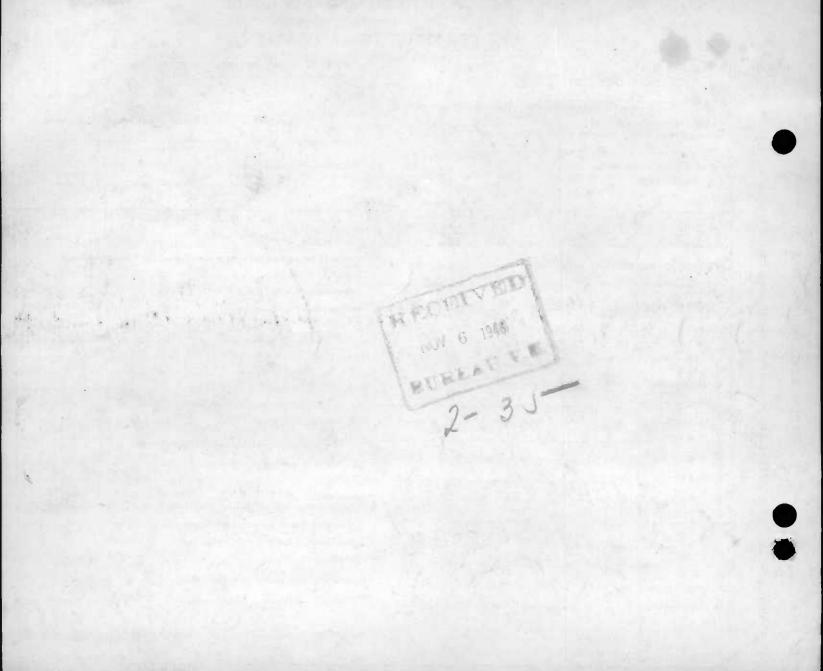
2411 N. Charles St., Baltimore (1640)



CERTIFICATE OF DEATH

09657 Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County.	State Maryland County Lavett
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address, where death occurred.	Street No.
- CMMS COMPANY	(If rurat, give LOCATION)
How long in hospital or institution?	2.(α) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Caby Boy Thomas	More
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white serale	20. DATE OF DEATH October 30 19 46 21 10:401
	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
6.(6) Name of husband or wife	3000 1946 to 3000 194.
7. Birth date of	and that I last saw h Amalive on 30 Oct 18 44
deceased (mo., day, yr.) (Vclater So, 1946:8:/0a.	Immediais sapse of death.
8. AGE: Years Months Days If less than one day	Consental 7 etal alelectasis
hrs. 30 min.	purtial.
9. Birthpiace Lause Selviland, allegange, md.	Due to Alverra
10. Usual occupation	
	Due to
11. Industry or business	
12. Name William Thomas 13. Birthplace Mass. Land	Other conditions
2 13. Birthplace Magazaa	(Include pregnancy within 8 months of death)
H 14. Maiden name	Major findings of operations
15. Birthplace Maryland.	Date of op.
16. Informant Alexander Andrews	Autopsy results. Mo 900 S Calhata u uculous PHYSICIAN: Please underline the cause to which death should be tharged statistically.
Address (unperland hel.	22. VIOLENCE: It death was due to external causes, fill in the following:
(Buriai, cremation, or removal, Which?) Date thereof Ct. S. C., J. Y. J. G. (month) (day) (year)	Accident, suicide, or homicide
ne dial II.	
Cemetery or crematory Memorial Total	Where did injury occur?
Location Lunterland, Mid	Injured at home, farm, industry, public place (where?)
18. Funeral director. Dame as allowe	Means of injury injured at work?
Address	Tuller B Mintimal Me
Oak 30 41 1 Pan ll. 71)	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address 112 Bedind St. Date signed 30 0 446



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

11	N.	Charlea	St.,	Baltimore	917-
					4 8 1

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og.	Diat.	No.	 	

09658

rect	CERTIFICAT	TE OF DEATH Reg. Diat. No
ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
of death clearly and legibly	City or town. (If outside city or town limits, write RURAL and give nearest town)	State Tyd County allegany
and	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
eariy	616 Balto. ane	(If rural, give LOCATION)
l CI	How long In hospital or Institution?	2.(a) 11 veteran, name war
deat	Charles Warshall	2 Lwigg 3. (b) Social Security Number 212-18-1349
ses of	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divocced	MEDICAL CERTIFICATION
causes	Male While married	20. DATE OF DEATH. 9 CT 19 19 46, at 6:40 AM
the c	6.(b) Name of husband or wife Datay May Care 65 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
write	7. 8irth date o1 deceased (mo., day, yr.) Of 3, 1877	and that I last saw h
ease wr	8. AGE: Years Month Days Illess than one day	Immediain cross of death, Myocarains, Courtin DURATION Browning - freumoria (yr
piea	69 8 /8hrsmin.	311/65
sicians:	8. Birthplace (Town county, and state)	Due to.
SICIO	10. Usual occupation. 11. Industry or business Qdd Joba	Due 10
r.	TE 12. Name adam Thoraga	Other conditions Serve Secondary anemia le with
mirot cane.	13. Birthplace Mean Oldfourth and.	(Include pregnancy within 3 months of path)
	14. Maiden name Dear Oldlown and	Major findings of uperations. Rufferred Peple Ulile
	80 00 4	Autupsy results. Date of op.
lall	Address 616 Ball doe - Church lud	PHYSICIAN: Please nuderline the cause tu which death should be charged statistically.
is especially	17 Burial Date thereof Oct 21, 1946	22. VIOLENCE: 11 death was due to external causes, 1111 in the following;
is	(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
	Cemetery or crematory	Where did Injury occur?
	Location Medical Control of The Cont	Means of injury Injured at work?
	Address Eugen Devand Vand.	23. SIGNATURE RWhewas/ais, Jr. W. E.
	10 Ock N, 18 46 J. P. Nauflui, M. D.	200 Partlemen Pro M. D. or other
	(Date rec'd by registrar) Registrar	Address



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore/60-2

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9.	Į.	9	m	7	1 3
1	b	V	U	U	9.7

CERTIFICATE OF DEATH

eg. Dist. No. 4

1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME (For newborn infants give residence	c) OF DECEASED:		
County ALLEGANY					State		
City or town CUMBERIAND (If outside city or town limits, write RURAL and give nearest town)			URAL and give pearest town)				
/	e of death?			City or town) imits, write RURAL and give nearest town)		
	r street address where			Street No. 632 ELM ST.			
	RIAL HOSE			(If rural,	give LOCATION)		
	r Institution?36	DAYS		2.(a) If veteran, name war			
3. (a) FULL NAM	E			11 1.	3. (b) Social Security Number		
BAB	Y BOY VAI	ENT IN	Bernard Lo	e Valentine	Hore		
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL	CERTIFICATION		
MALE	WHITE	SI	NGLE	OCCUPANT OF DEATH	70 10 46 40.05		
					e above stated; that I attended deceased from		
6.(b) Name of husband	or wife				19.46 10 OBT 19.46		
7. Birth date of	•••••	6.(0	c) If alive, give age		OCT. 19, 1946		
deceased (mo., day,	yr.) SEPTI	MBER	14. 1946	Immediair cause of death	A.O. DURATION		
8. AGE: Year	s Months	Days	If less than one day	Shastie N	araplegia		
C	1	5	hrs.	min.	V V		
a Rirthniace C	UMBERLA NI	ALI	EG. MD.	Due to			
3. Bittiplece				P	lolini		
1D. Usual occupation.	Infan	<i></i>	***************************************	Due to Sperior	and the control		
11. Industry or busines				_ couplete sept	or v		
置 12. NameVA	LENTINE,	RAYMO	OND R.	Other condition laceuta			
13. Birthplace	MARYLANI)		(Include pregnancy with			
H 14. Maiden name	BEALKY.	MARY					
14. Maiden name				Major findings of operations			
	MARYLANI MORIAL H		\ T		Date of op.		
16. Informant	MORIAL A	001111	<u>, </u>	PHYSICIAN: Please underline the cause	to which death should he charged statistically.		
Address CU	MBERLAND,	MD.		22. VIOLENCE: If death was due to externa			
17 Buri	n, or removal, Which?	Date ther	(month) (day) (year)	Accident, suicide, or homicide	_		
	,	1 1	Cemetery	Where did Injury occur?(City or to			
Location	sm berl	and,	170	Injured at home, farm, Industry, public plac	1		
18. Funeral director	John !	7, 64	fu	Means of Injury	Injured at work?		
Address (2)	(1. L. W	and a	rud.	INN	Hodaso, VI		
07	1	0	t 10.50	23. SIGNATURE	M. D. or other		
19. (Date rec'd by re	81, 1946	X.T	Nauklin, M.	trar Address	Cuan Vige signed 10/19/7		
I thate rec d by re	CRIOLISI)	//	, reclina	MUUID 30			

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefull: is especially important. Physicians: please write the causes of death clearly and



WITH LAFADING INK. Supply every item of information carefully. The coffeet age important. Physicians: please write the causes of death clearly and legibly.

PLAINLY, v is especially i

WRITE

PLEASE

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MARGIN RESERVED FOR BINDING

DR. A. JONES

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Mila

09660

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County. ALLEGANY City or town. CUMBERLAND (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: MEMORIAL HOSPITAL Now long in hospital or institution?. 17 DAYS	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
MR. PERRY O. WAGONER (Wagoner)	3. (b) Social Security Number
MALE WHITE SINGLE Widowed S.(a)Single, married, widowed S.Single, married, widowed	MEDICAL CERTIFICATION 20. DATE DF DEATH
Co.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from 1946, to 02. f. 2. 2. 1946, and that I last saw h 1.177, alive on 02. f. 2.1
deceased (mo., day, yr.)	Immediate cause of death
72 11 16min.	Pulmanan eye folism
9. Birthplace WEST VARGINIA (Town, county, and state) 10. Usual occupation 11. Industry or business 12. Name JOSEPH WAGNER Wagner 13. Birthplace W. Va.	Due to Dendity Due to Dendity Diher conditions Vicensian fr 5 3 w/s (Include pregnancy within 3 months of death)
14. Maiden name ELLAN SMITH 15. Birthplace W. Va.	Major findings of operations.
16. Informant MEMORIAL HOSPITAL Address CUMBERLAND, MD. Burial Date thereof Oct. 25, 1946 (Burial, cremation, or removal, Which?) (month) (day) (year) Demetery or crematory Hillcrest Cem. Location Cumberland, Md.	Antapsy results
18. Funeral director Charles L. George	Means of Injury Injured at work?
Address Cumberland, Md. 19 Ct. 34 19.46 J. P. Fauklin, M. D. (Date rec'd by registrar)	23. SIGNATURE CENTRE 7: James In: D. M. D. or other Address 110 5. Centre 5t. Bate signed 10 - 22 - 46
(Date fee a ny fegistrat)	Wantes? TV



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The order of its especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 31-0

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Reg.	Dick	NI-
Les.	Dist.	110

CERTIFICATE OF DEATH

	100,1 21.00
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County allegany	
City or town	state manyland county fillingary
How long in above place of death?	City or town
How long in above place of death?	
216 Waridson St.	Street No. 716 AVISTAN (If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b), Social Security Number
Lucy Virginia /1	alker Those
4. Set 5. Color of race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Inale White Hidowed	20. DATE OF DEATH. Wat 14 19 46 21 6 22 F
5.(b) Name of husband or wife David Halber	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Det. 8, 19 46, 10 Cor 10/ 19 4
7. Birth date of	and that I last saw hailve on
deceased (mo., dey, yr.) March 14 1853	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Maerina 6 wt
9.3 7 15	
Ollins Dal	Islemoseteros 10 ms
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation Through	Chronic interestical nephritisa Cugo
1 7-1 1	Due to Duration 5 years.
11. Industry or business	-
12. Name Istan Litzentung Pa.	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Atherine Jenkino 15. Birthplace Pa	
P.	Major findings of operations
El 15. Birthplace	Date of op.
16. Informant man martha Walker	Antopsy results.
Address Commberland and	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 1 10 110 111	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?) Date thereot (month) (ddy) (year)	Accident, sulcide, or homicide
Cemetery or crematory Rose Hill Cem.	Where did injury occur? (City or town) (County) (State)
form lead and	Injured at home, tarm, industry, public place (where?)
Location 1+ 0	Meens of Injury injured at work?
18. Funeral director DMD Steph John	
Address Cimplerland	can's street
0 6 11 11 0 Pt. 11 M/	23. SIGNATURE
19. Oute rec'd by registrar) Registra	Address Date signed Date signed
I I I I I I I I I I I I I I I I I I I	- RUUI G & B. 1000 1000 1100 1100 1100 1100 1100 1

OCT 22 1946

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Address

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MARGIN RESERVED FOR

City or town.

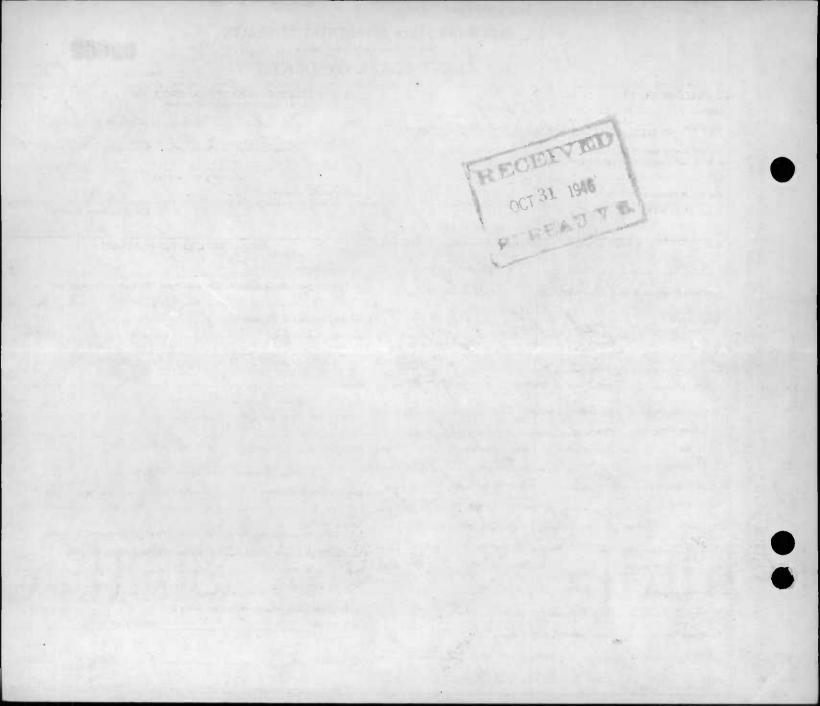
4. Sex

8. AGE:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 44

CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) State. How long in above place of dealh?..... Hospitat, institution, or street address where death occurred: (If rursl, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number none 5. Color or race MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7. Birth date of deceased (mo., day, yr.) DURATION Days 10. Usual occupation .. 11. Industry or business 12. Name ... 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace 14. Maiden name Major findings of operations. PHYSICIAN: Please underline the cause to which death should be charged statistically Address 22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide..... (Burial, cremation, or rem onth) (day) Where did Injury occur? Cemetery or comments (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) ... Injured at work? Msans of Injury 1B. Funeral director .. 23. SIGNATURE



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DR. WHITWORTH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Istos

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leg.	Dist.	No.	T

rec'le	CERTIFICA.	TE OF DEATH Reg. Dist. No4
31	PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
The	City or town CIMBERIAND	State WEST VIRGINIA County MINERAL
Ily.	City or town	City or town KEYSER
carefully arrly and	Now long in above place of death?	Street No. 681 W. PIEDMONT ST.
on care clearly	MEMORIAL HOSPITAL How long in hospital or Institution? 11 days	(If rural, give LOCATION)
ation th c	3 (a) FILL NAME	2.(a) It veteran, name war 3.(b) Social Security Number
ormation death cle	BABY GIRL WARRICK PARALE and Chica.	Non e
inf	4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
n of uses	FEMALE WHITE SINGLE	20. DATE OF DEATH OCT. 21, 1916 19 19 21 7:28 P. M
item e cau	6,(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
every ite the	7. Birth date of	and that last saw h.c. alive on 21 oct 1946
	deceased (mo., day, yr. OCT. 10, 1916	Immediaty cause of death OURATION
Supply ease wr	8. AGE: Years Months Days If less than one day	Hydrocaphalis
ple		Due to Congental Granuly
G INK cians:	9. Birthpiace MARYLAND (Town, county, and state)	DUE 10.
NG	10. Usual occupation. NEW BORN	Due to
ADIN Physi	11. Industry or business	Other conditions Bulgteral Club feet.
Ex.	13. Birthplace ARY AND	
WITH UNI	14. Maiden name MARY JANE FELLER 15. Birthpiace W. VA.	(Include pregnancy within 8 months of death) Major findings of operations
WITH impor	15. Birthplace W. VA.	
N-	16. Informant MEMORIAL HOSPITAL	Autopsy results
PLAINLY, is especially	Address CUMBERLAND, MARYLAND	
oLA esp	(Burial, cremation, or reproval) Which?) (Burial, cremation, or reproval) Which?)	Accident, suicide, or homicide
E E	Cemetery or crematory Chilas Cemetery	Where did injury occur?
WRIT	Location Westerreport Dud.	Injured at home, farm, industry, public place (where?)
	18. Funeral director. Elleworth ABout	Means of Injury Injured at work?
EASE	Address / 1 (Church St. Welleruport, True	23 SIGNATURE Duller B Mutworth
PLI	19 Oct 77 1046 J.P. Franklin, M. D.	M. D. or other Ma
	(Oate rec'd by registrar) Registrar	Address 12 2 20 700 81 - Date signed 2001 43



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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

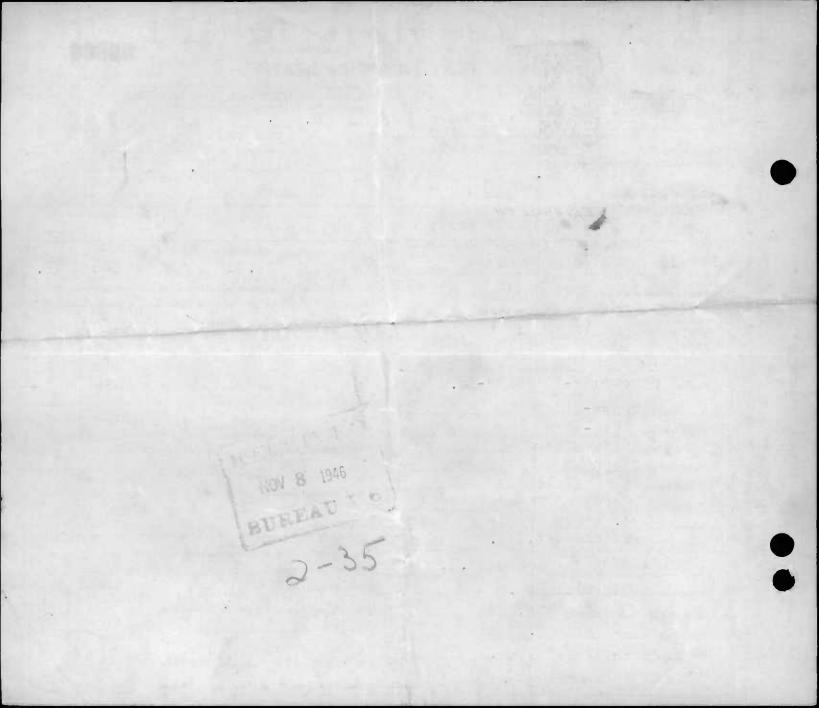
CEDTIFICATE OF DEATH

2411 N. Charles St., Baltimore 92-d



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CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County Allegany City or fown. Lonaconing (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: Railroad St. How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate
FASSeth Love White	3. (0) Social Security Number
Female S. Color or rad 6.(a)Single, martied, widowed, or divorced Widow	MEDICAL CERTIFICATION 2D. DATE DF DEATH. Oct. 31 19 46 21 7P. N
6.(b) Name of husband or wife James White 6.(c) If allve, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Sept. 22, 1870	and that I last saw in the alive on Oct 14 19.46
8. AGE: Years Months Days If less than one day 76 1 3 hrsmin.	Immediate cance of death
9. Birthplace Ionaconing-Allegany-Md. (Town, county, and state)	Due to.
10. Usuat occupation House-wife 11. Industry or business	Due fo
12. Name Charles Ross 13. Birthplace Not known	Diher conditions
14. Malden name Janet Stevenson	(Include pregnancy within 3 months of death) Major findings of operations.
18. Informant Wrs. Leroy Frantz Address Westernport, Md.	Antapsy results
17 Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Oak—Hill Cem.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Lonaconing, 16d	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
18. Funeral director Ellsworth S. Boal Address Westernport, Md.	
19 Date rec'd by registrar) 19 46 Jannetta M Boal Registrar	23. SIGNATURE Huy hy - J brodge W L. M. D. or other M. D. or other 46.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411

N.	Charles	St.,	Baltimore	16
				60

Reg. Diat. No ...

CERTIFICATE OF DEATH

1. PLACE OF DEA	TH:	Allega	nv	2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	OF DECEASED: f mother)	
County			Mr	State Maryland County Allegany		
City or town(If or	itside city or town i	imits, write l	URAL and give nearest town)			
How long in above place	of death?	1. Hot	ır	City or town	its, write RURAL and give nearest town)	
nospital, institution, or	Stient anniezz milete	death occurre	d:	Street No. 441 Furnace Street	et	
Me					ve LOCATION)	
How long in hospital or	institution?	1. Hor	ır	2.(a) If veteran, name war		
3. (a) FULL NAME	pellian	- 100	ilkins		3. (b) Social Security Number None	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL C	CERTIFICATION	
25.0	un da	-	i m m l m			
Male	White	۵	ingle		7, 1946 19 at 3-22 P.m	
6.(b) Name of husband	or wife	•••••		21. I CERTIFY that 22th occurred on the date at	bove stated; that I attended deceased from	
7. Sirth date of		B.(c) If alive, give ageyears	and that I last saw h	5 Cl. 7 .46	
deceased (mo., day, yr	octobe	r 7, 1	946	THE PARTY OF THE P	markey Bullion	
8. AGE: Years		Days	If less than one day	Immediate cause of death	DURATION	
			1 hrs. min.	200 1- 0	4.	
9. Birthplace Cumb	(Town	, county, and	y Co. Maryland	Due to.	- Cophua, par	
11. Industry or business	i i i i i i i i i i i i i i i i i i i					
12 Name	Blai	ne Wil	kins	Other conditions		
12. Name	Cı	arksbu	rg, W. Va.			
ex 13. antiquace				(Include pregnancy within 3	months of death)	
14. Maiden name 15. Birthplace			er	Major findings of operations		
15. Birthplace	Cumb	erland	Md.		Date of op.	
16. Informant	Blaine.	Wilkin	9	Antonay results.		
			berland, Md.	PHYSICIAN: Please underline the cause to	which death should be charged statistically.	
				22. VIOLENCE: If death was due to external co	auses, fill in the following;	
17. Burial, cremation,	or removal. Which	Date the	eof 10/9/46 (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cametery or cramator	. 抗11 C		emetery	Where did injury occur?(City or town)	(County) (State)	
			Md.	Injured at home, farm, industry, public place (
				Meene of Injury	Injured at work?	
18. Funeral director			Kight	INV	auco Nalao.	
Address	Cumberla	and, Md		23. SIBNATURE		
19. Date rec'd by reg	9 19 4 6	J	P. Franklin, M. D. Registrar	Address. Cumber &	Date signed.	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully The is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 16-e

CERTIFICATE OF DEATH

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	D.	D.T.	6
Kog.	Dist.	No.	

1. PLACE OF DE	75 75			2. USUAL RESID	ENCE (HOME) 0	F DECEASED:	
County	Allegany		***************************************			177	
City or town	esternpor	t ru	URAL and give nearest town)	StateMar.y.L	and cou	inty	
				City or town	Westernpo	rt - rural	horast town)
How tong in above place	e of death? r street address where	dooth coourred			butside city of town mines	s, write NORAL and Eive in	carest town,
Mospital, institution, or	Street address where	Asam occanes	•	Street No			**********************
************************			••••••		(If rural, give	LOCATION)	
How long in hospital o	r Institution?			2.(a) If veteran, name	war	***************************************	
3. (a) FULL NAM	E					3. (b) Social Security	Number
		ma Je	an Wilkinson				
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced		MEDICAL C	ERTIFICATION	
Female	white	si	hgle	20. DATE OF DEATH	October	27 19 46	7:30p
a (t) No. of the board	or wife			21. I CERTIFY that de	ath occurred on the date abo	ove stated; that I altended dec	eased from
				10/27/4	74 4 19.	10 0727	14-99
7. Birth date of	*************************	6.(c) If alive, give agey	and that I last saw he	Remailer on	127/46	19
deceased (mo., day.	yr.) 27 Oct	ober	1946	Immediate comes of a	death		OURATION
8. AGE: Year	s Months	Days	tf less than one day			ozzz+zooo	
			14 hrs.				
	TE			-	ag maney	·	****
9. Birthplace Fr	alin-Alle	gany-	Maryland	Due to		*************************	•••
0. 2	A (Town,	county, and	state)			***************************************	
1D. Usual occupation.	088000008000000000000000000000000000000			Due to		888888888888888888888888888888888888888	
11. Industry or busines	SS						
market in the second se	onken will	kinso	n	Dther conditions			
L-1	Nikep . N	_	_				
With the same of t	1	-		(Inc	clude pregnancy within 3	months of death)	
14. Maiden name	Alice		ivan	Major findings of op	eratious	***************************************	
14. Maiden name. 15. Birthplace	West	Virg	inia			Date of op	
	arker Wil						
16. Informant	arket 11	4.Q.LL.A.M.		PHYSICIAN Please	underline the cause to w	hich death should be charge	d statistically.
Address Fr	anklin,	id.					
him	ial		. Oct 28 19/	22. VIOLENCE: If d	leath was due to external ca		
(Burial, cremation	ial n, or removal. Which?	Date thei	eof Oct 29 192 (month) (day) (year)	Accident, suicide, or	homicide	Date of	
			emetery	Where did Injury occi	(City or town)	(County)	(State)
Location	Revnolo	s. Ma	ryland			where?)	
	Ellswort			Meens of Injury)/)	Injured at work?	
	TAT .			1005	7	. /. 0	
Address	Westernr	ort,	Man Bank of	23 SIGNATURE	Jeever	mo	or other /
Metol	491944	City Co	Regis	trar address /a	Levelant	Date signer	. / //
(Date rec d by r	CP TOTE STATE	4 900	Are a	THE RULE SHEET STATE OF THE PARTY OF THE PAR	my man in the rest of the control of		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

Reg. Dist. No.

City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in above place of death? 76 Years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs Cora Elma t	Vilson 7 onl
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jenale White Widowed	20. DATE OF DEATH Oct 5 19 46 01 7:304
6, (b) Name of husband or wife Francis R. Wilson	21. I CERTIFY that death acported on the date above stated: that lattender decreased from
	puly 10 119 4 S persons 19 4
7. Birth date of Factorial Tables, give age years	and that I last saw h
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediair cause of death DURATION
0. AGE.	superfit war
76 / min. min.	J Juliure
9. Birthplace. J. Cown, county, and state	Due to.
10. Usual occupation Hoyseworks	july yrear only wing
11. Industry or business at Home	Due to.
12. Name John My Davis Jud	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Julia Kohinette 15. Birthplace Huntstone Wa.	Major findings of operations.
E 15. Birthplace Thirthogram .	
16. Informant W. J. Dellinger	Autepsy results
Address 14 1 Polls St- Cumberland Inc	
11 Burial Date thereof Oct 7 1946	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur?
Location Cumberland and	Injured at home, farm, industry, public place (where?)
18. Funeral director John J. Hafer	Means of Injury Injured at work?
Address Caralles Cara	Me about the
Automatica and	23. SIGNATURE. M. D. OF COLET
19. (Date rec'd by registrar) (Date rec'd by registrar) Registrar	Address X vap Mod Date signed 10/7

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1600

CERTIFICATE OF DEATH

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Reg. Dist. No. ..

Still a straight of the straight of th	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
tow long in a step agree of feath? The long is a step agree of feath? Street No. (If rural, give LOCATION) (If outside thy others have give nearest town) Street No. (If rural, give LOCATION) 3. (a) FULL NAME 3. (b) Secial Security Number 4. Sec. 5. Give where St. (a) singles parted, agreed or divides 8. (b) Rame of husband or wife. 8. (c) If aller, give agree 8. (c) If aller, give agree 1. Secial Security Number 1. Secial Security Number 1. Secial Security Number 2. (a) If veleran, name wz 3. (b) Secial Security Number 1. Secial Security Number 1. Secial Security Number 2. (a) If veleran, name vz 3. (b) Secial Security Number 1. Secial Security Number 2. Second or wife. 3. (c) Secial Security Number 4. Second or wife. 5. Second or wife. 6. Second o	County Ulfly way	4
Now long in a baye space of death? Now long in a baye space of death? Now long in a support or institution 3. (a) FULL NAME 3. (b) Source see: (c) (a) Stable married, adjoved, or districted 4. (b) Name of heaband or wite. 5. (c) It silve, give age. 7. Birth death of deceased (no., der, rr) 8. AGE: Years Mounts 9. Birthplace. Remarks 10. Usual acceptation. 11. Industry or business 11. Industry or puringed. Whiteh?) 12. Name Alberts 13. (b) Agency of personal way. 14. Astropy regular. Whiteh?) 15. Intomant Alberts 16. Intomant Alberts 17. Demeter or crematory of the base of the state states attained. He charged statistically. 18. Funeral director or crematory of the state of the state of the state of the state states. The latest of the state of the state states. 18. Accidents, rr. 19. March 18. Accidents 19. March 18. Birthplace 19. March 18. Birthplace 10. Usual acceptation. 11. Industry or business 11. Industry or puringed. Whiteh?) 12. Name Alberts 13. (b) Social Security Number 14. Maiden acame of death and the state states of the state states. The latest of death and the shared statistically. 11. Exercise of death acade to the state of death and the shared statistically. 12. Note the state of death and the shared statistically. 13. (b) Social Security Number 14. Maiden acade of the state of death and the shared statistically. 14. Maiden acame of death. 15. Informant Alberts 16. Informant Carterion, or prompted. Whiteh?) 17. Demeter or crematory of the state of the state of the state of the state of the shared statistically. 18. Funeral director of committed at work? 18. Funeral director of committed at work? 18. Funeral director of committed at work? 18. On the state of the	City or town	
Steel No. (If rurel, give LOCATION) Steel No. (If rurel, give LOCATION) Steel No. (If rurel, give LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number 4. (c) Steel of neathfully 5. Steel of neathfully 5. Steel of neathfully 5. Steel of neathfully 5. Steel of neathfully 6. (c) Name of hueband or wife. 8. (d) Name of hueband or wife. 10. Date of DEATH. 11. Indicate of the steel	Now long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Row long in hospital or incitivation. 3. (a) FULL NAME 5. Solar or face 4. (a) Singles, married, adjuved, or districted 6. (b) Rame of husband or wife. 8. (c) Hame of husband or wife. 8. (c) Hame of husband or wife. 8. AGE: Tears Months Out If ye age. 9. Birth date of deceased from, der, yr.) Out of the control	Hospital institution or street address where death occurred:	
3. (a) FULL NAME 4. Sex 5. Cainer price 5. Cainer price 5. Cainer price 5. Cainer price 6. (a) Simple parties, squeed, or divorced 8. (b) Name of hueband or wife 8. (c) Halive, give age 7. Birth date of deceased from, 49, 17.) 8. AGE: Years Months 9. Birthplace Associated with the control, and state) 9. Birthplace Associated with the control, and state) 10. Usual occupation. 11. Industry or business 12. Name Albrida Bournal Bournal Bournal Models of the control, and state) 13. Birthplace 14. Maiden name Holder Foundation 15. Birthplace 16. Internal Models of which? 16. Internal director of control, since state of death 16. Internal Models of the control of the date above related; that I attended deceased from the control of the date above related; that I attended deceased from the control of the date above related; that I attended deceased from the control of the date above related; that I attended deceased from the control of the date above related; that I attended deceased from the control of the date above related; that I attended deceased from the control of the date above related; that I attended deceased from the control of the date above related; that I attended deceased from the control of the date above related; that I attended deceased from the control of the date above related; that I attended deceased from the control of the date above related; that I attended deceased from the control of the date above related; that I attended deceased from the control of the date above related; that I attended deceased from the control of the date above related; that I attended deceased from the control of the date above related; that I attended deceased from the control of the date above related; that I attended deceased from the control of the date above related; that I attended deceased from the control of the date above related; that I attended deceased from the control of the date above related; that I attended deceased from the control of the date above related; that I attended deceased	allyary Jotspilal	
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4. Set 3. Double of piece 4. (O) Single, pariet, adjoined or wholes 4. Set 3. Double of piece 4. Set 3. Se		3. (b) Social Security Number
8. (6) Name of husband or wife 9. (1) Name of husband or wife 9. (1) Name of husband or wife 10. Usual occupation. 11. Industry or business 12. Name of husband or wife 13. Name of husband or wife 14. Maidea name of husband or wife 15. Surface of the data above elatest; that I altended doccated from 16. Internation of the same of husband or wife 17. Surface of the data above elatest; that I altended doccated from 18. Internation of the same of husband or wife 19. Name of husband or wif	Galen La Winter	None
6.(b) Name of hueband or wife 5.(c) Hame of hueband or wife 18. AGE: Vears Months 19. Birthplace Comments of the date above etales; that I attended deceased from 19. Comments of the date above etales; that I attended deceased from 19. Comments of the date above etales; that I attended deceased from 19. Comments of the date above etales; that I attended deceased from 19. Comments of the date above etales; that I attended deceased from 19. Comments of the date above etales; that I attended deceased from 19. Comments of the date above etales; that I attended deceased from 19. Comments of the date above etales; that I attended deceased from 19. Comments of the date above etales; that I attended deceased from 19. Comments of the date above etales; that I attended deceased from 19. Comments of the date above etales; that I attended deceased from 19. Comments of the date above etales; that I attended deceased from 19. Comments of the date above etales; that I attended deceased from 19. Comments of the date above etales; that I attended deceased from 19. Comments of the date above etales; that I attended deceased from 19. Comments of the date above etales; that I attended deceased from 19. Comments of the date above etales; that I attended deceased from 19. Comments of the date above etales; that I attended deceased from 19. Comments of the date above etales; that I attended deceased from 19. Comments of the date above etales; that I attended deceased from 19. Comments of the date above etales; that I attended deceased from 19. Comments of the date above etales; that I attended deceased from 19. Comments of the date above etales; that I attended deceased from 19. Comments of the date above etales; that I attended deceased from 19. Comments of the date above etales; that I attended deceased from 19. Comments of the date above etales; that I attended deceased from 19. Comments of the date above etales; that I attended deceased from 19. Comments of the date above etales; that I attended deceased from 19. Comments of th	4. Sex 5. Color or pace 6.(a) Single, married, indowed, or divorced	MEDICAL CERTIFICATION
6.(b) Name of hueband or wife 5.(c) Hame of hueband or wife 6.(d) Name of hueband or wife 7. Birth date of deceased (mo., dec., yr.) 8. AGE: Years Months 9. Birthplace Comments, and state) 10. Usual occupation 11. Industry or business 12. IS Birthplace 13. IS Birthplace 14. Maiden name of John Land 15. Birthplace 16. Informant Chair Comments 18. Industry or business 18. Industry or business 19. Birthplace 19. Maior findings of operations 10. Usual occupations 11. Industry or business 12. IS Birthplace 13. Is Birthplace 14. Maiden name of death 15. Industry or business 16. Informant Chair Comments 17. Birthplace 18. Industry or business 19. Industry or business 19. Industry or business 19. Industry or business 11. Industry or business 11. Industry or business 12. IS Birthplace 13. Is Birthplace 14. Maiden name of death 15. Industry or business 16. Informant Chair Comments 17. Industry or business 18. Industry or business 19. Industry or business 19. Industry or business 19. Industry or business 10. Which is a laterated deceased from 19. Industry or business 10. Usual occupations 10. Usual occupations 11. Industry or business 12. Industry or business 13. Industry or business 14. Maiden name of death 15. Birthplace 16. Industry or business 16. Industry or business 17. Industry or business 18. Industry or business 18. Industry or business 19. Industry or business 22. VIOLENCE: If death was due to enternal causes, fill in the following: 18. Funeral director or bonneidds 19. Industry, public place (where?) 19. Industry on Industry on Industry to Indus	Charle Montes Imala	111 - 16- 46 1238
5.6) Name of hueband or wife 5.6) It alive, give age 5.7) A first liact cause of death 5.6) It alive on 5.6) It alive on 5.7) A first liact cause of death 5.7) A first liact cause of death 5.8) It alive on 5.9 Birthplace 6.00 A first liact cause of death 6.00 Bus fo 6.00 A first liact cause of death 6.00 Bus fo 6.00 A first liact cause of death 6.00 Bus fo 6.00 A first liact cause of death 6.00 Bus fo 6.00 A first liact cause of death 6.00 Bus fo 6.00 A first liact cause of death 6.00 Bus fo 6.00 A first liact cause of death 6.00 Bus fo 6.00 A first liact cause of death 6.00 Bus fo 6.00 A first liact cause of death 6.00 Bus fo 6.00 A first liact cause of death 6.00 Bus fo 6.00 A first liact cause of death 6.00 Bus fo 6.	The first single	ZV. DATE UT DEATH
1. Sirth date of deceased (no. dev. yr.) Out 1. 19 19 19 19 19 19 19	6.(b) Name of hueband or wife	
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